

**UNIVERSITY OF KWAZULU-NATAL**

**School of Nursing and Public Health**

**EXPLORING THE PERCEPTIONS OF THE HEADS OF PRIVATE NURSING  
EDUCATION INSTITUTIONS ON THE ACCREDITATION PROCESS OF THE  
NURSING EDUCATION AND TRAINING QUALITY ASSURANCE BODY (ETQA)  
INTHE ETHEKWINI DISTRICT OF KWAZULU-NATAL**

A Dissertation submitted to the School of Nursing and Public Health

University of KwaZulu-Natal

In partial fulfilment of the requirements for a Master in Nursing

(Nursing Education)

By

THOBILE NAMSILE VINA SHELEMBE

Student number: 921366422

SUPERVISED By: Dr J.R.Naidoo

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## DECLARATION

I declare that the thesis submitted entitled *Exploring the Perceptions of the Heads of Private Nursing Education Institutions on the Accreditation Process of the Nursing Education and Training Quality Assurance Body (ETQA) in the eThekweni District of KwaZulu-Natal* conducted under the supervision of Dr J.R.Naidoo is my original work. I declare that all the sources used or quoted in this study are acknowledged by means of references.

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Thobile N.V.Shelembe

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Dr J.R. Naidoo

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**Date**

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**Date**

## **DEDICATION**

This work is dedicated to all nurse educators in recognition of their tireless sacrifice and commitment towards quality teaching and learning.

## **ACKNOWLEDGEMENTS**

**I would like to thank the following people for their contribution to this work:**

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## ABSTRACT

Nursing throughout the world is striving for international competitiveness and accountability for effectiveness and trust to the students, patients and the community they serve, thus making the issue of accreditation increasingly important.

The purpose of this study was to explore the perceptions of the heads of private nursing education institutions on accreditation process by nursing education and training quality assurance body at eThekweni district.

Reviewed literature has revealed that the South African Government has facilitated and encouraged the establishment of quality assurance through the South African Qualifications Authority Act, the National Qualifications Framework Act (NQF) and the Nursing Act.

Data were collected by means of in-depth interviews with each of the heads of the seven selected private nursing education institutions. Qualitative content analysis using an editing style was performed in this study.

Findings of this study revealed that nursing education institutions lack their own internal quality assessment processes as quality of teaching and learning depends on the interaction between the teacher and the students, the collective integrity as well as the professionals in the nursing education institution.

Recommendations focused on periodic internal self-assessment as a vehicle to promote the culture of institutional internal self-assessment practices, as quality is seen as logical approach for conveying the importance of excellence to individuals who are nursing care recipients. Reports from the internal review should be provided by the institution to the external evaluation team prior to the external evaluators visit.

**Key words:** Accreditation: Accountability: competency: effectiveness: nursing standards: quality assurance and quality management.

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### **List of Acronyms**

SANC	South African Nursing Council
NEI	Nursing Education Institution
NEA	Nurse Educators Association
ETQA	Education and Training Quality Assurance Body
NCSBN	National Council of State Boards of Nursing
ICN	International Council of Nurses
ICM	International Council of Midwives
WHO	World Health Organization
SAQA	South African Qualifications Authority
NQF	National Qualifications Authority
HEQA	Higher Education Quality Assurance
NLRD	National Learner Registration Data
CHE	Council on Higher Education
HEQC	Higher Education Quality Committee
QCTO	Quality Council of Trades and Occupations

## **CHAPTER ONE**

### **THE PURPOSE AND MOTIVATION OF THE STUDY**

#### **INTRODUCTION**

##### **1.1 BACKGROUND TO THE STUDY**

Nursing education is internationally competitive in striving for the best possible outcomes for students, patients and the community they serve, it has to be effective, trustworthy and accountable. The issue of accreditation, therefore, is becoming increasingly important. Supporting this, Jones (2005) asserts that as nurses professionalise, the drive for accountability is intensifying and formalizing accountability through accreditation has been extensively analyzed. According to Jones (2005) formalized accountability, specifically meaning accreditation, refers, in general, to a formal system of procedures that are instituted to ensure quality control of teaching and learning.

There is abundant evidence available that indicates that changes in health care and transformation in nursing education are underpinned by relevant training and education (Mekwa,2000).It is further mentioned that the shift from hospital centered care to primary health care and the establishment of the District Health Care System in South Africa has affected the way in which health care is delivered. Mekwa (2000) states that nurses are the backbone of the health system and that nursing education should be adapted to prepare them for the environment in which they will work. In order to bring about the proposed transformation, the philosophy of teaching and learning and the content and the context of the curriculum must be relevant.

Coetzee (2007) pointed out that the relocation of nursing education from the patronage of the Health Department to the mainstream of education under the Minister of Education obliged nursing education programs to comply with the requirements of the South African Qualifications Authority (SAQA), which allow a student to exit the program with some marketable skills for use in a profession. Supporting this, Badru (2006) found

that the education requirements dictated by SAQA challenges nursing education to produce nurses who are capable of meeting the increasing demands of affordable health care. Against this background, nursing education should address co-competences and learning outcomes, with particular focus on the health care needs of individuals, families and communities as the main method of acquiring knowledge. As a result, the South African Nursing Council has identified Problem Based Learning (PBL) as a technique to enhance Primary Health Care (PHC) teaching (Quinn, Gamble and Denham, 2000).

Further to this, in spite of changes and transformation, significant number of government nursing education institutions has closed down. Globalization, commercialization and privatization of higher education institutions have led to a shortage of nurses, especially nurses with scarce skills. As explained by Kozier, Erb, Berman and Snyder (2004) a major concern is that the privatization of higher education has resulted in the emergence of second and third rate private higher education institutions, including private nursing education institutions which are motivated by profit making at the expense of quality.

Supporting this premise, Eaton (2012) raised concern over the quality of education provided by the for-profit private nursing education institutions and suggested that the situation necessitated the need for assuring the quality, relevance and standards in these institutions in order to protect the interest of students and the public. Accreditation is therefore seen as the primary tool by which nursing education institutions and their programs assure quality to students and public (Cedefop, 2009).

The nursing profession is grappling with challenges posed by changes in the disease profile, the increased burden of diseases, changes in legislation, socio-economic demands, educational and professional changes and increase in the nurses' morbidity and mortality rates, all of which are contributing to the shortage of scarce skills. More nurses are needed to address the problem (National Hospital Network, 2009).

Vasuthevan (2008) asserts that the figures published by the South African Nursing Council (SANC) show that there are 212 806 Registered, Enrolled and Auxiliary nurses

in South Africa, serving a population of 48.6 million people. According to the SANC (2005) the ratio of members of the population to nurses is 229:1, ranging from 344:1 in Mpumalanga and 189:1 in KwaZulu-Natal. However, according to Vasuthevan (2008) these figures include all nurses who are currently registered with the SANC and may well include nurses currently working abroad, nurses working in administration jobs within the health sector and nurses who wish to remain registered, but choose not to practice ( Vasuthevan, 2008).

According to Carmichael (2001) the most recent World Health Organization statistics indicate Italy, Spain and Ukraine, which are countries with a similar sized population as South Africa, have a nursing and midwifery personnel ratio of 138:1,132:1 and 118:1 respectively. Italy has a population of 58.1 million and a nurse population of 419 523, Spain has a population of 43.4 million and a nurse population of 328 891 and Ukraine has 46 million people and a nurse population of 388 444 (Carmichael, 2001).

It is further stated that there is an estimated shortage of 40 000 Registered nurses in South Africa. However, although an extra 40 000 nurses would bring the ratio down to 189:1; it is still much higher than the countries quoted above. Eaton (2012) also states that the current output of 4 400 nurses per annum is not enough to maintain the numbers after taking emigration, retirement and transfers to other sectors into account, let alone boost the nursing capacity (Carmichael,2001).

The shortage of registered nurses and midwives is at a critical level. Despite the increased burden of diseases, wards in public sector hospitals have been forced to close down and, according to leading specialists, efficient use cannot be made of sophisticated equipment, theatres and operating facilities in the public sector because of the shortage of nurses (National Hospital Network, 2009). However, much as the world needs more trained nurses, the provision of nursing education needs to be strictly regulated through an accreditation process in order to ensure that the ultimate objectives are met and the standard of patient care is sufficiently high.

Mgbekem and Samson-Akpan (n.d) assert that the field of quality assurance in nursing education is as old as modern nursing. According to these authors, in 1860, Florence



Nightingale introduced the concept of quality to nursing when she started a school of nursing to train those who were to give care to the public. To unpack the notion of quality assurance through accreditation, the background of the study will focus on different elements regarding quality assurance measures, both locally and internationally.

### **1.1.2. Making quality a priority in nursing education**

Florence Nightingale believed that formal nursing education should be set up for the training of nurses in order to provide practical experience as well as a substantial body of knowledge. She maintained that although the school should be independent, it should be situated next to a hospital so that its facilities could be used for practical training. Because of Florence Nightingale's stipulation, nursing education has been developed in hospital settings in many countries (ICN, 1997). According to ICN (1997), Florence Nightingale's original intent was that nursing education would be established as a separate institution with its own funds and governing body and would not be controlled by the hospital. However, this arrangement has not proved totally successful and, due to inadequate financial arrangements, few schools have remained separate from hospitals and some have had to close down.

The combination of aging nurses, nurses qualifying and then entering the business world together with the high rate of burnout has caused a global shortage of nurses of unprecedented proportion, especially nurses with scarce skills. Therefore, the demand for skilled nurses remains high. This phenomenon has encouraged privatization of nursing education and, as a result, private nursing education institutions have emerged. However, concern has been raised over the quality of education provided by these institutions and it is therefore important that quality is assured through a process of accreditation (Vasuthevan, 2008).

### **1.1.3 Quality assurance systems**

According to the World Health Organization (WHO) Regional Office for Africa (2007) the WHO has been actively advocating reform and improvements in nursing and midwifery education to meet the changing needs of health through a number of World Health

Assembly resolutions. These resolutions focus on strengthening nursing and midwifery education and practice and reorienting medical education to community health and primary health care. The WHO has intensified collaboration at global and regional levels to carry out activities aimed at improving human resources for health through better quality education. Evidence of this is in its collaborative work with the World Federation for Medical Education (WFME) to establish international standards for medical education with respect to missions and objectives; educational programs; assessment of students; student selection and support; academic staff; educational resources; program evaluation; governance and administration; and continuous renewal.

These collaborative efforts have resulted in the adoption of standards in training institutions for medical and health sciences, including nursing and midwifery (WHO Regional Office for Africa, 2007) and the growth of community and primary health care (PHC)-oriented institutions for nursing and midwifery. The WHO and WFME have also provided guidance in reviewing the curriculum for basic nursing education and orientation to primary health care and community health worldwide.

The WHO (2007) states that the International Council of Nurses (ICN), the International Confederation of Midwives (ICM), and the East Central and Southern African College of Nursing have also played a critical role in providing guidelines and advocating for improvements in the quality of nursing and midwifery education. Significant among these are guidelines for national nurses' associations on the development of standards for nursing education and practice competences, the ICN Framework and core competences for a general nurse, which were developed by the ICN. Essential competences for midwifery practice were developed jointly by the ICN, the WHO and the International Federation of Obstetricians and Gynecologists (WHO, 2007).

Chung Sea Law (2010) maintains that quality assurance systems in nursing institutions have two processes, an internal quality assurance process and an external quality assurance process. The internal quality assurance process is important because ultimately the quality of nursing and midwifery education depends on the interaction between the teacher and the student and the collective integrity and professionalism of the academic community. The nursing and midwifery education institutions, therefore,

develop goals and objectives that are relevant to local and national health care needs, as well as the methods to achieve these goals. They then conduct periodic reviews to assess the extent to which goals are met within the framework of the guidelines, and whether the methods of teaching and learning, the facilities, and the financial and human resources for delivery of the curriculum support the goals. A nursing education institution may invite external viewers to assist in the review (Chung Sea Law, 2010).

External quality assurance is practiced in most countries through mechanisms such as accreditation, validation and audit. Furthermore, external scrutiny is needed to confirm that the responsibilities of the nursing education institutions are being properly discharged. This is because in many countries, large sums of public money are located in nursing and midwifery education and training, and there must be reasonable evidence that competent and safe nursing and midwifery graduates are being produced to meet the needs of the nation (WHO, 2007). Trout (1979) reports that benefits flow from the feedback provided by external reviewers which include the opinions of experts in particular fields of nursing and midwifery education, the shared experiences of colleagues who have faced similar challenges, the cross fertilization of ideas from institutions that have adopted different methods, and the local and national leverage that authoritative reports can provide in rectifying deficiencies.

According to Harvey (1995) processes for effective quality assurance system include self-study by the nursing education institution, external quality assurance, and accreditation and quality assurance in approving new nursing courses. Harvey (1995) further asserts that constant quality improvement is a never-ending goal. It is further stressed that there should be a quality chain whereby quality is built in at each stage of the process instead of being controlled at the final stage and that management commitment to quality should be ensured via appropriate organizational structures.

#### **1.1.4 Performance indicators**

Fitz-Gibbon (1996) defines performance indicators as items of information collected at regular intervals to track the quality of the system. Chung Sea Law (2010) analyzed a

number of indicators relating to students' development, students' entry, teaching quality, students' retention, completion and graduates' employment.

Empiricists such as Deming (2001) assert that quality cannot be improved unless measured and researchers such as Fitz Gibbon (2002) suggest that education is a highly complete system and the best strategy to ensure quality lies in improving the information in the system, particularly by defining and measuring outcomes that are important and feeding back the measurements to the units of responsibility.

### **1.1.5 The legislative and regulatory framework**

Relevant legislation includes the Nursing Act, Act No.33 of 2005; the SAQA Act No 58 of 1995 and ETQA Regulations (R 1127) of 1998; the Higher Education Act No 101 of 1997, as amended; the Skills Development Act No 97 of 1998, as amended; the Further Education Act No 98 of 1998, as amended; the National Health Act No 61 of 2003 and other related legislation; the Constitution Act No 2 of 1994, as amended (Act No 108 of 1996 and 35 of 1997); the Promotion of Administrative Justice Act of 2000, as amended; the SAQA RPL Policy, 2002; and the SANC RPL guide for the implementation of by NEIs (Mtshali, 2010).

Furthermore, the Directory of ETQAS and Professional Bodies (2003) states that the legislative and regulatory framework that governs quality assurance in higher education is the Council on Higher Education (CHE), which was established by the Higher Education Act, (Act No .101 of 1979 (as amended by Act 55 of 1999, Act 54 of 2000 and Act 23 of 2001). The Act also made provision for the CHE to establish a permanent committee, known as the Higher Education Quality Committee (HEQC). It is further stated that the CHE was formally accredited by the South African Qualifications Authority (SAQA) in March 2001 as the Higher Education Training (HET) Band ETQA, in terms of section 5(1) (b) (i) of the SAQA Act of 1995. The status of the HEQC as an ETQA was subsequently reinforced by an amendment to the Higher Education Act, which deemed the HEQC to be accredited by the SAQA as an ETQA primarily responsible for higher education. The Directory of ETQAS and Professional Bodies (2003) also states that the ETQA responsibilities of the HEQC as a Band ETQA are to

promote quality assurance in higher education, audit the quality assurance mechanisms of higher education institutions and accredit providers of higher education to offer programs leading to particular NQF registered qualifications (Directory of ETQAS and Professional Bodies, 2003).

It is further noted in this paper that the professional councils, in general, are involved with the establishment, development, maintenance, promotion and control of standards in education and training related to the registration of graduates to practice within a particular profession. In addition, they also monitor ethical conduct and provide professional service and development within the frameworks of the specific professions. Most professional councils have statutory powers. Some are voluntary/ in nature, while others are non-voluntary. Most operate within the higher education band (Directory of ETQAS and Professional Bodies, 2003).

#### **1.1.6 Legislation and organizations relating to the accreditation process in South Africa**

Teshome and Kobede (2009) state that the steady increase in the number of private nursing education institutions in South Africa between 1993 and 2003 has led the South African Government to put legislation in place to maintain quality assurance, such as the South African Qualifications Authority Act ,the National Qualifications Framework (NQF) and the Nursing Act. The aim of these is to safeguard and enhance the quality and relevance of all education institutions in South Africa. According to Teshome et al. (2009) the mission of the NQF is to ensure that accreditation is of an appropriate standard and that the programs of study offered by all education institutions are of an appropriate quality and relevance to the world of work and the developmental needs of the country.

Furthermore, the aim of accreditation is to promote evidence based policies and accountability and to control fraudulent nursing education institutions. Supporting this premise, Wolff (2000) states that relationship between accreditation and quality starts with the setting of standards that defines conditions that support the production of quality.

### ***The South African Nursing Council***

The South African Nursing Council was established by section 2 of the Nursing Act, 2005 (Act No.33 of 2005) to approve nursing education institutions and the programs presented by those institutions. The South African Nursing Council is empowered under two separate pieces of legislation to perform this function. The Nursing Act, 2005 (Act no 33 of 2005) makes it illegal for any institution in South Africa to provide education or training intended to qualify a person to practice as a nurse or a midwife unless both the institution and the program of education are approved by the Nursing Education and Training Quality Assurance body (ETQA). The South African Nursing Council has been accredited as an Education and Training Quality Assurance Body by the South African Qualifications Authority Act, (Act no.58 of 1995) and, in terms of this, is charged with the quality assurance of nursing education providers and programs (Coetzee, 2007).

### ***The South African Qualifications Authority (SAQA) and the Department of Education***

Coetzee (2007) asserts that the South African Qualifications Authority Act No.58 of 1995 established a special institution, the South African Qualifications Authority (SAQA), to be in charge of the National Qualifications Framework (NQF). The tasks of SAQA are to register qualifications and standards on the National Qualifications Framework (NQF) and to ensure that education and training programs help students to achieve these qualifications and standards. According to Coetzee (2007), the Minister of Labor and Education appointed the 29 members of SAQA who represent various different stakeholders (including businesses, non-governmental organizations, unions and ETD providers).

The Department of Education is involved in maintaining the structures of SAQA and the NQF. The Department of Education's functions are set out by SAQA (Act no. 58 of 1995) and the National Education Policy Act (Act 27 of 1996), which are to create a

unified system of education and training qualifications and to ensure that education institutions provide qualifications that are of high quality (Coetzee, 2007).

The SAQA Act tries to unify education and training. In the past, school leavers with Grade 12 could continue their education at universities, colleges or at a University of Technology. However, university education had more status and was regarded as higher education, whereas the more practical learning at technical colleges and within companies was perceived as training. As part of an initiative to end this artificial division between education and training, the technologies and universities were merged (Coetzee, 2007).

According to Coetzee (2007), the SAQA Act states that both education and training are recognized forms of learning and both forms must share important characteristics if they are to be useful to people. Education is not all about academic theory nor is training only about practical skills. The SAQA Act states that people must not be restricted to either education or training, but must be able to use the learning that they have acquired from one to move forward to the other.

### ***The National Qualifications Framework (NQF)***

According to Coetzee (2007), the SAQA Act, (Act no .58 of 1998) brought the National Qualifications Framework (NQF) into being. The NQF is a framework, or set of principles and guidelines that provides a vision and structure for the construction of a national qualifications system. The NQF is a national effort of integrating education and training into a unified structure of recognized qualifications. Education and training are brought together into a single, coordinated system designed to encourage lifelong learning. Learners' achievements are captured on the National Learner Record Database (NLRD) and, in this way the acquired skills and knowledge of all learners are recognized. All qualifications and competencies are registered on the NQF according to their field of learning and level of progression (Coetzee, 2007).

Coetzee (2007) further states that the current framework is made up of 10 levels of learning and pathways for learning specializations (such as communications or engineering), with varying degrees of complexity of skills and knowledge.

### **1.1.7 Accreditation of private nursing institutions**

While private nursing institutions in South Africa operate independently of government funding and government subsidies, they have to be accredited by the relevant Education and Training Quality Assurance body (ETQA), which is the South African Nursing Council (SANC). Any institutions offering Level 3 and above in accordance with the National Qualifications Framework (NQF) has to be registered with the UMALUSI Council for Quality Assurance in General and Further Education and Training and further register with the Department of Education to be able to offer Legacy Nursing Qualifications and the NQF aligned qualifications. The SAQA Act put in place a new framework for education and training in South Africa. According to Vasuthevan (2008) none of private nursing institutions are registered as a higher education institution in South Africa, which means that they can only offer a bridging course in auxiliary nursing and a course leading to a qualification as a nursing assistant (Vasuthevan, 2008).

However, according to Mtshali (2010) accreditation forms part of the interconnected quality system and entails that the programs of nursing education institutions are evaluated in accordance with the criteria set by the South African Nursing Council (SANC) in its capacity as an Education and Training Quality Assurance body (ETQA). The SANC stipulates the minimum standards which are necessary to support the quality of teaching and learning. They lay down minimums for program input, process, output, impact and review, and these have been aligned with the minimum standards of the Higher Education Quality Committee (HEQC).

All nursing provider organizations are required by the SANC to meet a series of criteria which have been developed to ensure that education and training providers are able to deliver quality education and training services and to protect the rights of learners. According to the SANC, a fully accredited provider is an organization who, in judgment of the SANC, has complied with all criteria and has therefore been accredited for up to a maximum of five (5) years. During this time a relationship is established with the SANC in terms of which a program of monitoring and auditing of quality maintenance and improvement will take place (Mtshali, 2010).



The SANC, in its capacity as both a statutory body and an Education and Training Quality Assurance body has the responsibility to ensure that nursing education institutions comply with the Nursing Act No 33 of 2005 and other relevant legislation in their provisioning of nursing education and training. The Nursing Act No 33 of 2005, Chapter 2, Section 42, sub-section (1) (2) (3) & (4) states that an institution intending to conduct a nursing education and training program in order to prepare persons for practice in any one of the categories contemplated in section 31 must first apply to the council in writing for accreditation and submit information on the education and training program to be provided and how it will meet the prescribed standards and conditions for education and training. The institutions are obliged to furnish the council with any additional information required by the council for the purpose of accreditation or approval of the education and training program and pay the prescribed fee. The council may refuse any application made in terms of sub-section (1) or grant conditional or provisional accreditation subject to sub-sections (1) and (2). The council issues an accreditation certificate for a nursing education institution and for each nursing program offered by that nursing education institution. A person who contravenes a provision of this section is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding two years or to both a fine and such imprisonment (Mtshali, 2010).

All providers/applicant provider organizations that fall within the scope of the SANC and who offer education and training programs which culminate in specified qualifications or who manage the assessment thereof, or both, must be accredited by the SANC as stipulated in the Nursing Act of 2005, Act no.33, section 42, in order to offer such education and training, and assessment. In this regard, the SANC will only accredit constituent providers that fall within its primary focus, performing both institutional and learning program accreditation in co-operation with the Higher Education Quality Committee and General and Further Education Quality Committee/UMALUSI and education and training or assessment in terms of specific NQF qualifications that fall within its scope (Mtshali, 2010).

### **1.1.8 Purpose of accreditation**

The purpose of accreditation is to ensure that prospective student nurses are protected against poor quality programs and illegal nursing education institutions providing nursing education and training which is not recognized by the Council as an ETQA and regulating body of the nursing profession.

### **1.1.9 Accredited nursing education institutions in the EThekweni District in KwaZulu-Natal**

According to Vasuthevan (2008), none of private nursing education institutions in KZN are registered as higher education institutions. This means that these private nursing education institutions can only offer a bridging course leading to registration as a professional nurse, a course leading to practicing as an auxiliary nurse and a course leading to a qualification as a nursing assistant (Vasuthevan,2008).

There are twenty five accredited private nursing education institutions in KwaZulu-Natal, which are situated in different districts of the province. This current study, however, will focus on private nursing education institutions in the EThekweni Health District. Interestingly, the EThekweni Health District has more private nursing education institutions than any other health district in the province (SANC, 2010).

According to the South African Nursing Council, the output of pupil nurses from private nursing education institutions in KwaZulu-Natal is higher than that of the bridging course, which means that there is still a lower output of Registered nurses in KZN (SANC, 2010).

## **1.2 DESSERTATION OUTLINE**

The envisaged chapter divisions are as follows:

*Chapter one* is the overview of the study .It orientates the reader by presenting the background to the study in terms of its context, problem statement, purpose statement, objectives and research questions, the significance of the study and the clarification of concepts.

*Chapter two* is the review and analysis of the literature related to the accreditation and quality assurance.

**Chapter three** presents the research paradigm, methodology, design, theoretical sampling techniques, data collection and analysis, issues of trustworthiness and ethical principles of the study are also discussed.

*Chapter four* presents the analysis of data .In this chapter, the results and data analysis of the study is outlined in a manner which indicates how the objectives of the study were achieved.

*Chapter five* presents the interpretation and discussion of the main findings.

### **1.3 PROBLEM STATEMENT**

Teshome and Kobede (2009) maintain that although higher education institutions have embraced the concept of quality through accreditation, a number of quality related problems still persist.Thobega (2010) asserts that accreditation of private institutions is an area where accrediting bodies continue to meet the most complex dilemmas. According to this author, there are cases where guidelines have not been compiled, and criteria and standards to describe present and desirable quality via the accreditation process are not in place. While external quality assurance systems should complement internal quality structures, more emphasis has been placed on the external evaluation of quality, while the internal quality assurance systems have been ignored. Consequently, when accreditation is solely an external force, it elicits resistant response from institutions (Bell and Young, 2010).It has also been stated that the accreditation process is unstructured and subjective.

Furthermore, some of the private nursing institutions offer programs that have not been approved by nursing ETQA and students end up with qualifications that are not recognized and are therefore are not permitted to work as nurses. It is further reported that some private nursing institutions employ under qualified staff to teach students. In some cases, recruitment of students exceeds the total number of students allowed per group intake and fly-by-night private nursing education institutions charge students exuberant fees per program.

While the above studies have raised many questions on the accreditation process, these questions have remained unanswered. Hence, the current study sought to explore the perceptions of heads of private nursing education institutions on the accreditation process by the nursing Education and Training Quality Assurance body (ETQA) will address some of the questions on the accreditation process as accreditation is used interchangeably with quality assurance (Bell &Young, 2010).

### **1.3 PURPOSE OF THE STUDY**

The purpose of this study was to explore the perceptions of the heads of the private nursing education institutions on the accreditation process by the Nursing Education and Training Quality Assurance Body (ETQA) in the EThekweni Health District.

### **1.4 OBJECTIVES OF THE STUDY**

The objectives of this study were to:

1. Explore the perceptions of the heads of the private nursing education institutions on the accreditation process of nursing ETQA.
2. Explore the perceptions of the heads of the private nursing institutions on the benefits of the accreditation process in enhancing the quality of the management systems of the institution.
3. Explore the perceptions of the heads of the private nursing education institutions on the challenges associated with the accreditation process.

### **1.5 RESEARCH QUESTIONS**

1. How do the heads of private nursing education institutions perceive the process of accreditation by nursing ETQA?
2. What benefits do the heads of private nursing education institutions perceive from the accreditation process?

3. What challenges have the heads of private nursing education institution experienced during the accreditation process?

## **1.6 SIGNIFICANCE OF THE STUDY**

In recent years, the accreditation of institutions of higher education has become important due to the rising need for accountability and international competitiveness. This is due to the fact that accreditation is seen as a sign of program competence, excellence and quality. Accredited institutions are therefore looked up to as examples of best practices (Thobega, 2010). The results of this study will be presented to the nursing educators' workshops.

### ***Management***

Nurse educators may better understand and commit to the culture of quality. For heads of institutions, accountability to students, parents and community in general may be reinforced due to clear objectives, planned activities and defined programs, and ongoing improvements in nursing education.

### ***Nursing education***

The results of this study may assist NEIs in quality enhancement efforts, NEIs might develop subject benchmarks that can be used while developing the curricula and fixing up existing problems and irregularities (Chung Sea Law, 2010).

### ***Nursing education practice***

The study may provide evidence of the strengths and weaknesses in implementing effective and continuous quality improvement. It may also provide evidence that might help nursing education practice to meet the ever-changing demands and expectations of the respective communities (Chung Sea Law, 2010). Supporting the notion of quality, Anderson (2006) asserts that quality cannot be improved unless measured. The study may contribute to ideas of researchers such as Gibbs (2001), who asserts that the appropriate delivery of nursing education is promoted by transparency of institutional performance that provides prospective student nurses with sufficient information

regarding available programs, thus enabling them to make efficient choices (Gibbs, 2001).

### ***Research***

The study might raise several important questions that could be addressed in future research. Most importantly, there might be a growing body of research that productively connects individuals to their contexts to better understand policy implementation (Nayereh and Shayesteh, 2007).

## **1.7 DENIFINTION OF TERMS**

### **1.7.1 Accreditation**

Accreditation is defined as the process of external quality review used to scrutinize institutions and their programs to ensure that they are providing quality tuition and to encourage quality improvement (Bezuidenhout, 2005). This definition gives a clear distinction between two variables, accreditation and quality assurance, as they are used interchangeably.

### **1.7.2 Institutional accreditation**

Institutional accreditation is the act of granting credit or recognition with respect to a nursing education institution that complies with the South African Council of Nursing's prescribed accreditation requirements, criteria and standards for nursing education and training (NEA and Fundisa, 2010). This means, therefore, that all private nursing education institutions included in this study have complied with the Nursing Council's prescribed accreditation requirements.

### **1.7.3 Program accreditation**

Program accreditation refers to the recognition of a learning program as complying with the SANC prescribed accreditation requirements, criteria and standards for a specified nursing education and training program (NEA and Fundisa, 2010). The programs of all

private nursing education institutions included in this study have complied with prescribed program accreditation requirements, criteria and standards.

#### **1.7.4 Full accreditation**

Full accreditation means approval to operate as a nursing education institution and indicates that the institution complies with all the SANCs prescribed accreditation requirements, criteria and standards for nursing education and training and may operate for a period not exceeding five years (NEA and Fundisa, 2010). Private nursing education institutions included in this study are all fully accredited by the SANC.

#### **1.7.5 Probationary accreditation**

Probationary accreditation means temporary approval to operate as a nursing education institution for a period not exceeding five years, which enables a newly accredited nursing education institution applying for accreditation for the first time to demonstrate continued compliance, adherence and performance to the SANCs prescribed accreditation requirements, criteria and standards for nursing education and training (NEA and Fundisa, 2010). None of the private nursing education institutions included in this study have probationary accreditation as they are all fully accredited.

#### **1.7.6 Conditional accreditation**

Conditional accreditation means approval to operate as a nursing education institution under certain circumstances for a period not exceeding two years until all the SANCs prescribed accreditation requirements, criteria and standards for nursing education and training have been met (NEA and Fundisa, 2010). None of the private nursing institutions included in this study are conditionally accredited as they are all fully accredited.

#### **1.7.7 Quality assurance**

Quality assurance may be described as systematic, structured and continuous attention to quality in terms of quality maintenance and quality improvement. One of the tools in the field of quality care is quality assessment (Vroeijenstijn, 1995).

### **1.7.8 Nursing education institution**

According to the Nursing Act, 2005 Act No 33 of 2005, a nursing education institution means any nursing education institution accredited by the Council in terms of the Act (South African Nursing Council, 2005).

### **1.7.9 Private nursing education institution**

A private nursing education institution is an institution providing nursing education, which operates independently, without any government subsidy. It is registered as a company in accordance with the Companies Act, 1973 (Act No.61 of 1973) and further registered with the Department of Education as a further education and training institution or a higher education institution (NEA and Fundisa, 2010).

### **1.7.10 Heads of private nursing education institutions**

According to the South African Nursing Council (2005) the term 'head of education institution' is used interchangeably with the term 'principal', which means a first person in rank or a leading official of the education institution. This means participants in this study were all the first persons in rank and official leaders of the private nursing education institutions including accounting officers.

### **1.7.11 Quality audit**

A quality audit refers to the process of evaluating the way quality is assured. It is not so much looking for quality, but rather a quality assurance mechanism ((Vroeijenstijn, 1995).

### **1.7.12 Standards**

Standards are defined as levels of achievement or excellence, an established measure of extent of quality or value (Bezuidenhout, 2005).

### **1.7.13 Nursing ETQA**

The South African Qualifications Authority Act, ( Act No .58 of 1995) in terms of which the Nursing Council is accredited as an education and Training Quality Assurances



Body( ETQA )and, as such, is charged with the quality assurance of Nursing Education, providers and courses (Coetzee,2007).

#### **1.7.14 Program**

In the context of this study, a program refers to a purposeful and structured set of learning experiences that leads to a qualification (NEA and Fundisa,2010).Programs offered by private nursing education institutions included in this study lead to a nursing qualification.

#### **1.7.15 Perceptions**

In the context of this study, perceptions refer to the ability of the heads of private nursing education institutions to understand and have insight to the process of accreditation (Coetzee, 2007).Heads of private nursing education institutions perceived the process of accreditation in various ways.

### **1.8 CONCLUSION**

This chapter presented the World Health Organization's active involvement in advocating reform and improvements in nursing education to meet the changing needs in the global health system. An overview of the quality assurance system, benefits of accreditation, organizations involved in accreditation process in South Africa and relevant legislation were presented. This chapter also identified the objectives and research questions and explained the significance of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The literature review in this study includes the history of accreditation, the global trend in the accreditation process, quality assurance, benefits and challenges of accreditation, policies, guidelines, standards, acts and legislations in the context of different faculties discourse. The researcher further looked at the World Health Organization's Regional Office for Africa and its standards, the acts and legislations of the South African Qualifications Authority (SAQA), the principles underpinning the National Qualifications Framework (NQF) and acts within the Education and Training Quality Assurance Body (ETQA) for nursing education institutions. To explore these further, the following sections will first begin with a brief discussion on the history of approval/accreditation.

#### **2.2 HISTORY OF APPROVAL/ACCREDITATION**

The National Council of State Boards of Nursing (NCSBN) (2004) provides the history underpinning the background of how approval/accreditation evolved in boards of nursing. Although the terms approval and accreditation mean the same, some faculties prefer to use one term, while others prefer the other. The NCSBN,(2004) explains that some boards of nursing prefer to use the term accreditation rather than approval. However, approval and accreditation are the same phenomenon and, in the context of this study, can be used interchangeably to refer to a program meeting all the ETQA's requirements.

Sheets (2002) asserts that accreditation/approval is done to assure that nursing education institutions are meeting the required standards. It is further explained that boards of accreditation/approval are put in place for the purpose of protecting the health, safety, and the welfare of the public. Against this background, Spector (2004) states that during late 1800s and early 1900s, England struggled with nursing education and nursing regulations, the debate being self-regulation versus legal regulations. Spector (2004) maintains that Florence Nightingale and other opponents to regulation

believed that the focus should be on the societal moral standards of the professional nurse rather than on their nursing abilities. It is noted that this was an opportunity for those who favoured regulations to establish nursing qualifications, thus safeguarding the public and the nursing profession. On the other hand, physicians and administrators feared that they would lose control over nursing and were therefore opposed to regulation. While the debate was raging, New Zealand was the first country to enact an independent licensing law on August 12, 1901 and Ellen Dougherty was the first nurse, worldwide, to be registered (Spector,2004;Weisenbeckand Calico, 1991).Canada,likewise,began to regulate nurses in the early 1900s (Clarke and Wearing, 2001).In 1919, England finally enacted the Nurses Registration Act of 1919,and this provided for a main registry for general nurses who met certain qualifications. Supplementary registries were also established for male nurses and specialists in mental diseases, care of children and infectious diseases (Spector 2004).

Flanagan (1976) and Weisenbeck and Calico (1991) report that in the United States of America, North California enacted the first registration law in 1903, followed by New York, New Jersey and Virginia. However, it is noted from this report that the early registration laws did not define the scope of practice. In 1906, inspectors of nursing education institutions or hospitals with nursing training programs began making visits for program approval. In 1938, New York was the first state to define a scope of practice and to adopt a mandatory licensure law. Furthermore, it is noted that when national nursing organizations began to accredit nursing education programs, the boards of nursing continued with their approval processes, utilizing the standards of education found in nursing practice acts and rules and regulations. As a result, a dual process evolved for evaluating nursing education programs.

### **2.3 TYPES OF ACCREDITATION**

According to Singh (2000), private nursing education institutions intending to conduct nursing education and training in South Africa are obliged to undergo a process of institutional accreditation and program accreditation, which is conducted by the South African Nursing Council (SANC) in its capacity as the nursing Education and Training Quality Assurance Body (ETQA).

### **2.3.1 Institutional accreditation**

Most literature on the discourse of accreditation describes institutional accreditation as an act of granting credit or recognition with respect to a nursing education institution that complies with the nursing council's prescribed accreditation requirements, criteria and standards for nursing education and training (NEA and Fundisa, 2010). This means, therefore, that all private nursing education institutions included in this study have complied with the nursing council's prescribed accreditation requirements.

### **2.3.2 Programme accreditation**

A number of studies on program accreditation have described program accreditation as the recognition of a learning program complying with the nursing council's prescribed accreditation requirements, criteria and standards for a specified nursing education and training program (NEA and Fundisa, 2010). It is from this view point that the programs of all the private nursing education institutions included in this study have complied with prescribed program accreditation requirements, criteria and standards.

### **2.3.3 Full accreditation,**

Full accreditation means approval to operate as a nursing education institution and indicates that the institution complies with all the council's prescribed accreditation requirements, criteria and standards for nursing education and training and may operate for a period not exceeding five years (Mtshali, 2010). All the private nursing education institutions included in this study are fully accredited by the South African Nursing Council.

### **2.3.4 Probationary accreditation**

Probationary accreditation means temporary approval to operate as a nursing education institution for a period not exceeding five years, which enables a newly accredited nursing education institution applying for accreditation for the first time to demonstrate continued compliance, adherence and performance to the council's prescribed accreditation requirements, criteria and standards for nursing education and

training (NEA and Fundisa, 2010).None of the private nursing education included in this study has probationary accreditation, they are all fully accredited.

### **2.3.5 Conditional accreditation**

Conditional accreditation means approval to operate as a nursing education institution under certain circumstances for a period not exceeding two years until all the council's prescribed accreditation requirements, criteria and standards for nursing education and training have been met (NEA and Fundisa, 2010).None of the private nursing institutions included in this study are conditionally accredited as they are all fully accredited.

### **2.3.6 Extension of accreditation scope**

According to Mekwa (2000) accredited providers may apply for an extension of accreditation of scope for standards and qualifications not previously applied or for standards and qualifications other than those in its primary focus (Mekwa, 2000).

### **2.3.7 Re-accreditation**

According to NEA and Fundisa (2010), a provider must apply for re-accreditation at the beginning of the penultimate year of accreditation. Re-accreditation will depend upon the outcomes of the monitoring and auditing visits conducted during the accreditation period.

### **2.3.8 De-accreditation**

The NEA and Fundisa (2010) stipulates thatan accredited provider can be de-accredited in the following circumstances after due process has been followed: the provider continuously fails to meet the majority of the accreditation criteria, despite being given the requisite support and guidance; or the provider continuously fails to perform its functions satisfactorily and there is evidence of gross negligence.

## **2.4 QUALITY ASSURANCE PROCESS**

Vroeijenstijn (1995) defines quality assurance as systematic management procedures adopted to ensure achievement of specified quality or improvements in quality to enable

stakeholders to have confidence in the management of quality. Supporting this notion, Muller (1997) asserts that the quality assurance process can include a system of using external evaluators for programs; regular program evaluation seminars involving departments and faculties expertise; comprehensive departmental reviews; course and lecturers evaluated by students; curriculum evaluated by professional bodies; national disciplines; internal and inter-institutional peer evaluation of teaching the curriculum and the students' evaluation.

## **2.5 AFRICAN REGIONAL STANDARDS**

According to the WHO (2007) a standard is a desired and achieved level of performance against which actual practice is compared. Standards are established with respect to the content of programs, the educational processes and the human, financial and material resources which are required to provide quality education.

The African regional standards are structured according to nine areas which include mission and objectives; educational programs; assessment of students; students; academic staff; educational resources; program evaluation; governance and administration; and continuous renewal (WHO,2007). These will be described more fully below.

Supporting the notion of standards, the South African Qualification Authority (SAQA) (1998) states that programs should meet the requirements of the New Academic Policy, in keeping with national and international standards. Requirements include aspects such as program design, student recruitment, admission, staffing and physical resources.

### **2.5.1 Mission and objectives**

Primiano et al. (2004) recommend that a nursing education institution must define its mission, philosophy, conceptual framework and objectives and make them known to its constituency. The mission statements and objectives must describe the educational process of producing a nurse and midwife who is competent at a basic level, with an appropriate foundation for further training in any branch of nursing and midwifery and in

keeping with roles of nurses and midwives in the health care system. It is further recommended that the mission statement and the objectives must be consistent with the educational goals of the parent institution, if present, and with national standards and goals of the profession. Furthermore, the scope of the goals and objectives must be in alignment with national health priorities and community health needs. The philosophy must define the values attached to the society, nursing, the health care system, educational models and approaches.

### ***Participation in formulation of mission and objectives***

The WHO (2007) states that the principal stockholders of a nursing education institution must define its mission, but that the formulation of mission statements and objectives should be based on input from a wider range of stakeholders.

### ***Academic autonomy***

The WHO (2007) asserts that there must be a policy for which the administration and faculty staff of the nursing education institution is responsible, within which they have freedom to design the curriculum and allocate the resources necessary for its implementation (WHO, 2007).

### ***Educational outcomes***

However, the South African Qualifications Authority (1998) stresses that the competencies to be acquired by graduates must be specified. It is further stressed that competencies must be measurable and information about competencies of the graduates must be used as feedback to program development (South African Qualifications Authority, 1998).

## **2.5.2 Educational programs, curriculum models and instructional methods**

### ***Course content***

The WHO (2007) stipulates that nursing education institutions must define the curriculum models and instructional methods employed and that the content must be coherent and consistent with intended learning outcomes. The curriculum content for nursing and midwifery courses must relate to the philosophy goals and terminal competencies desired. Furthermore, the nursing curriculum must relate to national

health priorities, community needs, the present and emerging role of the practitioner, and professional and legal requirements for practice. Supporting this notion, The South African Qualifications Authority (1998) also expounds that programs should meet the needs of students and other stakeholders and should be intellectually credible.

### ***Scientific methods***

In view of the varied paradigms and world views concerning scientific methods, the South African Qualifications Authority (1998) stresses that the nursing education institution must teach the principles of scientific methods and evidence-based nursing and midwifery, including analytic and critical thinking.

### ***Linkages with nursing and midwifery practice and the health care system***

Operational linkages must be assured between the educational programs and the subsequent stages of training or practice that the student will enter after graduation (WHO, 2007).

#### **2.5.3 Assessment of students**

The WHO (2007) asserts that assessment methods must be reliable, valid, documented and evaluated, and that new assessment methods must be developed. Against this background the South African Qualifications Authority (1998) posits that integrated assessment strategies are employed at key exit points from the proposed program and that new assessment methods may include the use of external examiners. It is also stressed that monitoring of students' progress, rigour and security of the assessments system must be available.

#### **2.5.4 Student admission**

It is further asserted that the nursing and midwifery education institution must have an admission policy which includes a clear statement on the process of selecting students. The admission policy should be reviewed periodically, based on relevant societal and professional data, to comply with the social responsibilities of the institution and the health needs of the community and society. Furthermore, the South African Qualifications Authority (1998) stipulates that the relationship between selection, the



educational program and desired qualities of graduates should be stated. The admission policy should also promote equity of access and outcomes and the redress of past inequalities through ensuring that student, graduate and staff profiles reflect the demographic composition of South Africa.

### ***Student intake***

The same report further states that the size of the intake must be defined at all stages of education and training and be related to the capacity of the nursing and midwifery education institution. Furthermore, it is stated that the size and nature of student intake should be reviewed in consultation with relevant stakeholders and regulated periodically to meet the needs of the community and society (WHO, 2007).

### ***Student support and counseling***

The South African Qualifications Authority (1998) further recommends that nursing and midwifery education institution must offer a program of student support, including counseling. Counseling should be provided based on monitoring of students' progress and should address the social and personal needs of students.

## **2.5.5 Academic staff**

The South African Qualifications Authority (1998) asserts that staff competence and effectiveness are critical for institutional performance. It is further stated that nursing and midwifery education institutions should have a recruiting policy, which outlines the type, responsibilities and balance of academic staff required to adequately deliver the curriculum. There should be a balance between nursing and non-nursing academic staff, midwifery and non-midwifery academic staff and between full time and part-time staff. In the corpus of WHO (2007) it is noted that education institutions of nursing and midwifery should have a staff policy which addresses a balance of capacity for teaching, research and service function and further ensures recognition of meritorious academic activities, with appropriate emphasis on both research attainment and teaching qualifications. It is also stated that staff policy should take into account teacher training and development and teacher representation on relevant bodies (WHO, 2007).

### **2.5.6 Educational resources**

According to the South African Qualifications Authority (1998) nursing and midwifery education institutions must have sufficient physical facilities for both the staff and the student population to ensure that the curriculum can be delivered adequately. Furthermore, nursing and midwifery education institutions must ensure adequate clinical experience and the necessary resources including sufficient clients/patients and clinical training facilities. The clinical learning must be in relation to a variety of practice settings in which the graduates will be expected to work and the learning experiences must be relevant to learning outcomes. Clinical training facilities must include hospitals, ambulatory services, clinics and primary health care settings.

#### ***Information technology***

The WHO (2007) specifies that nursing and midwifery education institutions must have a policy to address the evaluation and the effective use of information and communication technology (ICT) in the educational programs. It is stressed that teachers and students should be enabled to use information technology and communication technology for self-learning, accessing information, managing patients and working in health care systems. Furthermore, it is stated that the use of information and communication technology should be part of education for evidence-based nursing and midwifery and in preparing students for continuing nursing and midwifery education and professional development (WHO, 2007).

#### ***Research***

This report also states that nursing and midwifery education institutions must have a policy that fosters the relationship between research and education and must describe the research facilities and areas of research priorities at the institution. The WHO (2007) explains that the interaction between research and education activities should be reflected in the curriculum and influence current teaching, and should encourage and prepare students to engage in nursing and midwifery research and development.

#### ***Educational expertise***

Furthermore, the report states that there should be access to educational experts and there should be evidence of such expertise for staff development and for research in the discipline of nursing and midwifery education (WHO, 2007).

### ***Educational exchanges***

The report stipulates that nursing and midwifery education institutions must have a policy for collaboration with other educational institutions and for the transfer of educational credits. Furthermore, transfer of educational credits should be facilitated through active co-ordination of programs between nursing and midwifery schools (WHO, 2007).

### **2.5.7 Program evaluation**

The WHO (2007) states that nursing and midwifery education institutions must establish a mechanism for program evaluation that monitors the curriculum and students' progress and ensure that concerns are identified and addressed. It is further stated that the curriculum must also provide for mechanisms for periodic review and adjustment of content, learning experiences, teaching and assessment methodologies.

### ***Teacher and student feedback***

The South African Qualifications Authority (1998) stipulates that both teacher and student feedback must be systematically sought, analyzed and responded to. Furthermore, teachers and students should be actively involved in evaluation of programs and in using the results for program development

### ***Students' performance***

It also stipulates that students' performance must be analyzed in relation to the curriculum and the mission, philosophy and objectives of the nursing school. Furthermore students' performance should be analyzed in relation to their background, conditions and entrance qualifications, and should be used to provide feedback to the committees responsible for student selection, curriculum planning and student counseling (South African Qualifications Authority, 1998).

### ***Involvement of stakeholders***

According to the WHO (2007) program evaluation must involve the governance and administration of the nursing and midwifery school, as well as the academic staff and students. A wide range of stakeholders should have access to results of course and program evaluation and their views on the relevance and development of the curriculum should be considered.

#### **2.5.8 Governance and administration**

In line with WHO (2007) the Program Accreditation Framework (2004) also contends that governance structures and functions of nursing and midwifery education institutions must be defined, including their relationships with the educational institution. It is stated that the governance structures must include a curriculum committee who has the authority to design and manage the nursing and midwifery curriculum. Furthermore, other stakeholders should include ministries of education and health, other representatives of the health care sector and the public (South African Qualifications Authority, 1998).

##### ***Academic leadership***

The South African Qualifications Authority (1998) states that the responsibilities of the academic leadership of the nursing and midwifery education institution programs must be clearly stated. It also states that the academic leadership should be evaluated at defined intervals with respect to achievement of the mission and objectives of the school.

##### ***Educational budget and resource allocation***

This report also suggests that nursing and midwifery education institutions must have a clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated educational budget. It further stresses that there should be sufficient autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the institution (South African Qualifications Authority, 1998).

##### ***Administrative staff and management***

According to the WHO (2007), the administrative staff of the nursing education institution must be appropriate to support the implementation of the school's educational programs and other activities, and to ensure good management and development of its resources.

### ***Interaction with the health sector***

Furthermore, nursing education institutions must have constructive interaction with the health and health-related sectors, society and government. Collaboration with the health sector should be formalized (WHO, 2007).

### **2.5.9 Continuous renewal**

Chung Sea Law (2010) argued that the nursing education institutions must be dynamic in initiating procedures for regular review and updating of their structure and functions, and in rectifying documented deficiencies. Supporting this notion, Harvey (2004) proposed an analytic framework to define educational quality that can be viewed from the following perspectives: quality as exceptional, quality as perfection (or consistency) quality as fitness for purpose, quality as value for money and quality as transformation. Among the different concepts of quality within the framework, it is argued that transformation is a meta-quality and therefore transformation, rather than excellence, ought to become the central element of any concept of quality.

In a small scale research study with a sample of senior managers in a higher education institution in the UK, it was indicated that fitness for purpose is employed as a guiding principle in external quality monitoring by quality assurance agencies (Chung Sea Law, 2010).

## **2.6 INTERNATIONAL WORK ON ACCREDITATION BY REGULATING BODIES**

In 1995, the International Council of Nurses was asked to prepare a guide for an approval system for nursing education institutions based on the previous work of the ICN in this field (ICN, 1997). At that time, many countries lacked accreditation systems or were being served by poor approval systems and this recommendation arose out of the understanding that high practice standards and quality education are influenced by

the accreditation system serving it. Furthermore, it is stated that by calling on this international group to establish approval standards for nursing education institutions, the ICN member associations made a statement that excellent approval systems, measured and monitored by a regulatory authority, benefit society and add to the credibility in preparing the guide for approval systems in nursing education institutions. For the ICN, the potential benefits of good approval systems are that there is a direct relationship between poor nursing care and the quality of nursing programs, the approval system can be a source of development for the nursing faculty and the institution, and an approval system communicates with the nursing profession policy makers. Furthermore, employers and citizens have established standards, continuous reviews, monitoring and enforcement that guarantee that the graduates of these programs have met all the criteria. A good approval system can promote greater uniformity in educational outcomes across the country and the effective approval system in a country can help with cross border agreements about equivalence of standards (ICN, 1997).

The ICN (1997) identified seven essential elements of approval, which were;

- the purpose of the approval system should be stated clearly as it will provide direction;
- the focus of the approval should include the educational programs preparing the nurse for practice;
- the educational institutions in which the programs are offered must include clinical facilities used for learning;
- regulatory mechanisms include an external authority, such as the government, which applies standards and grants credentials;
- credential activity is termed approval, which is given to nursing education institutions for a period of three to five years;
- continuing approval must be sought;
- approval may be withdrawn when the standards aren't met.

The ICN (1997) defines the standards to be achieved as the desirable and achievable levels of performance against which actual practice is compared. Furthermore, the

process for establishing standards should include regular review and revision without compromising the authority of standards.

### **2.6.1 Accreditation in Afghanistan**

In the work of Smith, Curriec, Azfard and Rahmanzaid (2008) it was noted that maternal and newborn health statistics in Afghanistan were among the worst in the world. The maternal mortality ratio was 1600 deaths per 100,000 live births, and the highest maternal mortality ratio ever recorded (6500 deaths per 100,000 live births) was found in remote provinces in the north-east of Afghanistan. An estimated 23,000 Afghan women died of maternal causes each year. Maternal causes account for 16-65% of deaths of women of reproductive age, with the proportion attributable to maternal causes increasing as access to care decreases. In addition, newborn survival was poor, with an estimated newborn mortality rate of 60 deaths per 1000 live births. According to Smith et al. (2008) in 2002, there were only 467 midwives in the country for an estimated population of 23 million.

It is noted in the corpus of this evidence that Afghanistan's high maternal mortality was due, in part, to a lack of nurses and competent skilled midwives. In post-conflict Afghanistan, 21 midwifery schools were re-opened or established between 2003 and 2007. While this rapid expansion of midwifery education was seen as critical to address health service delivery needs, it was also seen as a potential threat to quality education as a result of limited capacity. Smith et al. (2008) further assert that this expansion occurred in an atmosphere without proper regulatory mechanisms for ensuring educational quality and without a national accreditation program for midwifery education. Midwifery training was developed with the following components: an appropriate policy foundation, educational standards and tools to identify gaps and solve problems, a system to reward achievement and a system of official recognition.

The work of Smith et al. (2008) further expounds that an accreditation program was established through an approach of consensus that involved all schools, as well as counterparts from the Afghan Government, donors and technical agencies. A methodology similar to standardized based management and recognition was used to

support schools in the process of improving their educational performances. The methodology was adapted to support improved management and performance of educational programs through the explicit use of defined educational standards, and followed a common performance improvement model. Based on this methodological underpinning, four steps of methodology were followed in the accreditation programs which were to establish standards; implement the standards; measure progress; and reward achievements. Additional input was solicited from students and other stockholders.

Smith et al. (2008) explained that these standards were pilot tested on programs and then refined to produce a final list. The development of standards was guided by certain principles of appropriateness, meaningfulness, and whether they were measurable, achievable and acceptable. Following the establishment of the standards and the development of the tools, programs were visited to conduct an external baseline assessment. Internal assessments were also conducted by the schools' faculties and administrators. The author further asserted that thresholds were established by consensus for accreditation (Table1). To achieve accreditation, the school must achieve an overall score of 80% achievement of all standards, plus at least 80% achievement of the standards in each area. When a school achieved 80% of the standards by internal self-assessment, they could either request a binding accreditation assessment or a non-binding external assessment. Binding assessments had to be accomplished before the school could graduate its first cohort of students. See table 1 below.

**Table 1: Program status by percentage achievement of educational standards**

Program status	Achievement of standards %	Time frame
Full accreditation	>80%	Renewal every second year
Provisional accreditation	70-79	Re assessment in 1 year
Probation	60-69	Re assessment in 6 months
Suspension	<60	Improve or close in 3 months



Specific tools that listed the standards, as well as the verification criteria for determining if the standard were met, were developed for use by the program to educate colleagues, establish practice and monitor progress. The tools were translated into Dari, one of the two languages in Afghanistan. However, according to Smith et al. (2008), these findings were biased in that Dari is one of two languages commonly spoken, which suggests that the tool was not understood by all the participants in the study. Aligned to these findings, Dewey (1933) asserts that language and meaning are essential concepts in the description of thinking activity, its emergence and development. However, the findings of Smith et al. (2004) showed that this approach built capacity, enhanced transparency and provided assessors with further opportunities to see how colleagues addressed implementation challenges. This is supported by Kozier et al. (2004) who define quality assurance as well written nursing standards and the use of those standards as a basis for evaluation on the improvement of client care.

The establishment of the accreditation process in Afghanistan occurred simultaneously with the founding of the Afghanistan Midwives Association and an effort to professionalize midwifery. Given the high rate of maternal mortality and commitment of the government to improve maternal health, there was a substantial political will to ensure success of the accreditation of training institutions and the programs. Recognition of achievement played a major part in the establishment of the programs. As only institutions meeting the accreditation criteria were allowed to offer midwifery training programs.

Smith et al. (2008) also highlighted limitations to the process, in that there has not been a clear relationship between educational excellence in the schools and clinical excellence in the primary clinical teaching hospitals and health centres so there is a possibility of students graduating from an accredited school who have inappropriate clinical skills. Smith et al. (2008) recommended that there is a need to continue to improve clinical care in the teaching hospitals and to build a stronger relationship between the schools and the hospitals/clinics. Smith et al. (2008) further recommended that the process should not end with the first achievement of accreditation, but that new

standards should be developed that define higher levels of quality as the process develops or alternate perceptions of quality are introduced.

### **2.6.2 Accreditation in Botswana**

Aligned to Smith et al. (2008) Thobega (2010) narrated facts about the complex nature of accrediting tertiary education programs in Botswana. The findings from this work revealed differences in the accreditation process in public tertiary institutions and private tertiary institutions. These showed that although long established public institutions claimed to have their own quality assurance procedures, they were found to be unresponsive to change in knowledge and had under qualified staff and inadequate facilities, which brings to question the issue of the standard of quality education provision in Botswana.

Against this background, Thobega (2010) posits that private institutions in Botswana serve as satellite campuses for international institutions outside Botswana. Furthermore, it is noted in the corpus of the literature that private institutions purchase programs from external institutions which have their own accreditation systems. According to Tobega (2010), private institutions in Botswana also make use of on-line and distance education programs from cross-border institutions that are accredited.

The discourses in the literature suggest that Botswana has not yet established accreditation and evaluation systems. Thobega (2010) recommends that the Botswana government should strengthen the tertiary education council by giving it capacity to grow beyond its current status and assume full control of tertiary education of the country, as it currently falls short in capacity to manage programs of the more established institutions of the country.

### **2.6.3 Accreditation in Ethiopia**

Teshome and Kobede (2009) explain the activities undertaken for enhancing the quality of nursing education in private and public nursing education institutions in Ethiopia. In terms of careful analysis of the information gained from the various publications of the Ethiopian Higher Education Relevance and Quality Agency (HERQA) and the authors'

personal experiences, findings revealed that although private and public nursing institutions in Ethiopia are aware of the necessity of assuring quality in nursing education provision in their institutions, the quality assurance systems or quality assurance mechanisms are not fully in place. It is noted in the work of Teshome and Kobede (2009) that one public nursing institution had a plan to establish a quality assurance office. However, it became evident that quality assurance did not appear in the organizational structures and there were no written policies or strategies on quality assurance or evidence of continuous assessments. Moderation of assessments was never done and there were no systems in place for obtaining data that could be used to judge the quality of teaching and learning in the institution. The findings also revealed that private and public nursing institutions in the north-west part of Ethiopia have no systems for quality assurance that can be demonstrated and it is thus very difficult for them to make any claims regarding the quality of nursing education they are providing.

Teshome and Kobede (2009) suggest that the HERQA in Ethiopia has to work hard to widen its scope based on the experience to be gained from engagement with countries whose agencies have accumulated significant expertise in quality assurance in nursing education and whose nursing education institutions have quality assurance systems in place.

#### **2.6.4 Accreditation in the Philippines**

Burke (2003 ) explored broad trends of nursing education in the Philippines and the findings from this author's research pointed out stark differences between public and private nursing education institutions' orientation in terms of program offerings and management of international recruitments. According to Burke (2003) the findings left uncertainty as to how these divisions will play out in the long term and questions whether public nursing education institutions be able to maintain the privilege of being the leaders of quality nursing education in the nursing education sector or whether private nursing education institutions will commercialize the sector so thoroughly that public nursing education institutions voices are drowned out by profit oriented education entrepreneurs. This author also questions whether problematic activities of private nursing institutions, such as poor quality programs and corruption, will drag down the

reputation of the entire field taking public nursing education institutions with them (Burke,2003).

Burke (2003) recommended that the Philippine government stops recruitment agencies from advertising in overseas countries.

#### **2.6.5 Accreditation in Iran**

Naseri and Salehi (2000) triangulated international standards for validation of nursing education standards in Iran and the comments and suggestions they received showed that most of the standards were favourable or relatively favourable. However, the standards related to inclusion of nursing students, clinical nurses, graduates and managers in the program, putting nursing schools in charge of documenting curricula and involving clinical nurses in teaching in nursing schools were rated as unfavourable.

According to Naseri and Salehi (2000) it is unclear whether the main reasons for rating these items unfavourable relates to the centralized system of education or to the general situation in Iran. It is added, furthermore, that nursing education in Iran is not aligned to the local and national needs of the country. The authors recommend that policy makers of nursing education in Iran use the assumptions in their work to standardize the system and improve the quality of nursing education in the country.

#### **2.6.6 Accreditation in South Africa**

According to Bezuidenhout (2005) the current accreditation process in South Africa is unstructured and rather subjective.

This author supports the idea of using the proposed guide for accreditation reviews as well as for planning and quality enhancement purposes in medical faculties, saying that the guide has the potential to render accreditation reviews more structured and more objective. The success of Bezuidenhout's (2009) work is that a guide to accreditation review was presented with the recommendation that it be brought to the attention of the accreditation body for South African undergraduate medical education and training, with a view to implementation as part of the accreditation process.

### **2.6.7 Accreditation in Europe**

With special attention to accreditation of engineering education programs, Reyes, Candeas, Canadas, Reche and Galan (2001) maintained that accreditation and quality assurance were the main issues in achieving mutual recognition among member countries. These authors revealed that engineering programs are already accredited by competent bodies for the mobility of engineers in Europe and conclude that standards and guidelines for quality assurance are powerful drivers of change in relation to quality assurance.

According to these authors, the extent of student involvement has increased at all levels and that progress in developing an internal quality culture and improving the relationship with external quality assurance agencies is encouraging. Essential student support services are often neglected in both internal and external quality processes. Reyes et al. (2001) further revealed that many higher education systems were still being held back from Bologna implementation although currently, almost all countries have made provision for a quality assurance system based on the criteria set out in the different recent conferences of higher education in Europe. This suggests that accreditation as a trend is already a reality in developed countries, where it will be used as a tool of progress.

### **2.6.8 The accreditation process in the European Union member states**

In a study carried out by Cedefop (2009) it is stated that the accreditation process in the European Union is outlined as a multistep process involving two different parties, the nursing education institution (provider) and the nursing ETQA, which is recognized and accredited by a Qualifications Authority to perform the external evaluation and to award the accreditation as a result of (positive) evaluation. Some criteria and standards must be applied to arrive at a positive or negative decision (Cedefop, 2009). Globally, the first tasks for the ETQAs are to elaborate the criteria and standards that should be met by the NEI to achieve positive external evaluation outcomes. Cedefop (2009) agrees that there should be guidelines for NEIs on how to prepare for an accreditation visit. Furthermore, Cedefop (2009) asserts that for the criteria and standards to be met, there

must not only be defined minimum requirements, but also grades or levels of excellence. Internal self-evaluation of the NEI or the implementation of an internal quality management system is a precondition for all accreditation procedures. It is further stated that internal quality systems at provider level must reflect the criteria and standards defined by the external accreditation body. Nevertheless, NEIs are free to design their internal quality system according to their needs.

The process starts with private nursing education institutions submitting an application for accreditation to the ETQA, which is followed by an external evaluation. Cedefop (2009) asserts that in a number of countries, including Denmark, Ireland and the United Kingdom, self-evaluation reports written by NEI are used as a starting point for the external evaluation. Cedefop (2009) further asserts that the ETQA does not carry out the evaluation on its own, but that the task is delegated to a group of experts in the field of nursing, which may also include representatives from other NEIs. Members of the evaluation group may represent learners, social partners, gender organizations or other groups representing civil society (Cedefop, 2009).

### **2.6.9 Accreditation in the United States**

Bell and Young (2010) explain how universities in the state of Connecticut (United States) responded to a teacher education accreditation policy between 2002 and 2006. In this work, the authors focused on the teacher education accreditation policy and used a cognitive perspective on policy implementation and other documents detailing the state's policies around teaching and learning from kindergarten through to baccalaureate education. Findings from this work revealed commonalities across institutional responses. Positive contribution of this work was that teacher education institutions responded to accreditation policy in symbolic ways. All IHEs worked hard to align their courses to standards. Many revised their conceptual frameworks, aligned their programs with those frameworks, placed greater emphasis on the development of new assessment of teacher candidates and implemented data collection systems. On the other hand, however, some of respondents resisted putting effort into accreditation because it went against their professional knowledge of what beginner teachers should know and be able to do. Findings also evidenced and confirmed that when accreditation

is solely an external force, it elicits resistant response from faculty (Bell and Young 2010).

Bell and Young (2010) stressed that teacher education and accreditation begins with internal accountability structures as part of the institutional self-study, as this will frame the creation of clear standards and measures of progress towards those standards as internal accountability. Bell and Young's (2010) work raised questions which were left unanswered. One of the questions related to whether accreditation produces substantively different teacher candidates or substantively different students and this suggests that there is still much to be learned about the program accreditation process, its implications and its effects.

## **2.7 ACCREDITING BODIES**

### **2.7.1 The National Council of State Boards of Nursing (NCSBN)**

The National Council of State Boards of Nursing (NCSBN) is a non-profit organization whose membership comprises the boards of nursing in the 50 states of America, the District of Columbia, and four U.S. territories, American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members. In 2004 the National Council of State Boards of Nursing analysed some of the trends of approval processes worldwide and the history of approval /accreditation of nursing programs globally. Globalization of approval processes were discussed considering the approval guidelines issued by ICN and the need for national accreditation was scrutinized. Findings discovered trends in the boards of nursing to mandate national nursing accreditation. Another trend revealed that educators found the boards of nursing consistently helpful.

The NCSBN's (2004) findings revealed that boards of nursing are moving towards collaborating with the national nursing creditors with a view to establishing an international approval system for the future. The NCSBN (2004) stressed, however, that the accreditation process in future should address competencies of working in interdisciplinary teams, practicing evidence-based health-care, focusing on quality improvement and using information technology.

Furthermore, it is noted in the NCSBN (2004) White Paper that the International Council of Nurses (ICN) was asked to prepare a guide for an approval system for nursing education institutions, based on the previous work of the ICN in this field. The recommendation arose out of the understanding that high practice standards and quality education are influenced by the approval systems serving it. ICN member associations made a statement that excellent approval systems, measured and monitored by a regulatory authority, benefit society and add to the credibility of a nursing education institution. In preparation of the guide for approval systems in nursing education institutions, the ICN identified essential elements of an approval system, which include a statement of purpose, focus of approval, regulatory mechanisms, regulatory authority, agent of approval and standards to be achieved. The ICN highlights that an effective approval system in the country can help with cross border agreements about equivalence of standards (NCSBN, 2004)

### **2.7.2 The Higher Education Quality Assurance (HEQA)**

Coetzee (2007) asserts that the Directorate of the South African Education and Training Quality Assurance is the professional body that arose out of an investigation undertaken by the Higher Education Quality Committee. Its function is to oversee and coordinate quality assurance in higher education, promote quality assurance in higher education, audit the quality assurance mechanisms of higher education institutions and accredit providers of education to offer programs leading to a particular registered qualification within the National Qualifications Framework (NQF). In addition, as the higher education and training HET Band ETQA, the HEQA is also required to oversee and coordinate quality assurance in higher education and training and this coordination function resides in the Accreditation and Coordination Directorate of the HEQC (Coetzee, 2007).

### **2.7.3 The South African Nursing Council**

The South African Nursing Council (SANC) was established in accordance with section 2 of the Nursing Act, 2005 (Act No.33 of 2005) to approve nursing education institutions and the programs presented by those institutions. The SANC is empowered under two separate pieces of legislation to perform this function. These are:



- The Nursing Act, 2005 (Act No. 33 of 2005), which makes it illegal for any institution in South Africa to provide education or training intended to qualify a person to practice as a nurse or a midwife unless both the institution and the program of education are approved by the Nursing ETQA .
- The South African Qualifications Authority Act, (No 58 of 1995) in terms of which the Nursing Council is accredited as an Education and Training Quality Assurance Body (ETQA) and, as such, is charged with the quality assurance of nursing education providers and courses (Coetzee, 2007).

#### **2.7.4 The South African Qualifications Authority (SAQA) and the Department of Education**

Coetzee (2007) asserts that the South African Qualifications Authority Act No 58 of 1995 established a special institution, the South African Qualifications Authority (SAQA). The South African Qualifications Authority is in charge of the National Qualifications Framework (NQF) and its task is to register qualifications and standards on the National Qualifications Framework (NQF) and to ensure that education and training programs help students to reach these qualifications and standards. According to Coetzee (2007), the Minister of Labour and Education appointed the 29 members of SAQA who represent all the different stakeholders (including businesses, non-governmental organizations, unions and ETD providers).

The Department of Education is involved in maintaining the structures of the SAQA and the NQF and neither the SAQA nor the NQF can exist without the foundation of the Department of Education. The Department of Education's function is set out by the SAQA Act (No. 58 of 1995) and the National Education Policy Act (Act 27 of 1996). The functions of the Department of Education are to create a single, unified system of education and training qualification and create the institutions to ensure that these qualifications are of high quality (Coetzee, 2007).

The SAQA Act (Act No 58 of 1998) tries to unify education and training. In the past, school leavers with Grade 12 could continue their education at universities or colleges, but universities were perceived as providing education, while colleges were perceived

as providing training. A university education, therefore, had more status than a qualification from a college of training. As part of the initiative to end this artificial division between education and training, the technologies and universities were merged (Coetzee, 2007).

According to Coetzee (2007) the SAQA Act (No.58 of 1998) state that both education and training are recognized forms of learning and that both forms must share important characteristics if they are to be useful to people. Education is not all about academic theory and training is not only about practical skills. The SAQA Act (No58 of 1998) states that people must not be stuck on either side of an education-training device, but that they must be able to use the learning that they have acquired on one side to move forward on the other side.

#### **2.7.5 The National Qualifications Framework (NQF)**

According to Coetzee (2007), the SAQA Act (No.58 of 1998) brought the National Qualifications Framework into being. The NQF is a set of principles and guidelines that provides a vision and structure for the construction of a national qualifications system. The NQF is a national effort of integrating education and training into a unified structure of recognized qualifications. Education and training are brought together into a single, coordinated system designed to encourage lifelong learning. Learners' achievements are captured on the National Learner Record Database (NLRD) and, in this way the acquired skills and knowledge of all learners are recognized. All qualifications and competencies are registered on the NQF according to their field of learning and level of progression (Coetzee, 2007).

Coetzee (2007) further states that the current framework is made up of 10 levels of learning and pathways for learning specializations (such as communications or engineering).

#### **2.8 CONCLUSION**

This chapter provided an overview of the accreditation processes and described the different forms of accreditation. It also presented a discussion on accreditation from the

perspective of the WHO Regional Office for Africa and the International Council of Nurses. Both external and internal approaches to quality measures were presented. This chapter covered a diverse range of aspects concerning accreditation, such as the availability of documented guidelines, and the standards and criteria used to evaluate the current curriculum and its quality, which is applied to institutions that have not yet engaged in the national accreditation process.

This chapter also presented various guidelines that have been highlighted in the development of accreditation processes in different countries.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter describes the research design of the study and describes the methods used in data collection and data analysis and issues related to the trustworthiness of the data. This is an exploratory descriptive study underpinned by a qualitative approach.

In line with the broadly interpretive paradigm underpinning this study, data gathering instruments focused on the participants' perceptions of the accreditation process of private nursing education institutions in the EThekweni Health District by the Nursing Education Training Quality Assurance Body.

For this reason, it is important to grasp the perceptions of the heads of private nursing institutions directly responsible for the accreditation of the private nursing institutions. The study research design reflects its central concerns as outlined in the research interview questions and also conforms to the standard requirements of qualitative studies in social sciences. However, the choice of qualitative methodology requires some justification. Accreditation is used as a tool to assure quality teaching and learning in private nursing education institutions and the process involves the Education and Training Quality Assurance body (ETQA), which is a governmental agency. It could be argued, therefore, that this study is exploratory as no previous research has been done on the notion of centralized accreditation and quality assurance.

There is a need, therefore, to explore and describe the perceptions of the heads of private nursing education institutions involved in this process. For this kind of exploratory study, a qualitative approach is appropriate

#### **3.2 RATIONALE FOR A QUALITATIVE APPROACH**

Explained by Denzin and Lincoln (1994), the word qualitative implies an emphasis on processes and meanings that cannot be rigorously examined or measured and these authors stress the socially constructed nature of reality and the intimate relationship

between the researcher and what is to be studied that underpins this nature of research inquiry. Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them.

The qualitative research method enables the researcher to gain information about participants' perspectives in a natural setting (Hatch, 2002) and allows for a complex understanding of the meaning of a phenomenon as the participants themselves have experienced it (Merriam, 1998).

Qualitative researchers are concerned primarily with the process, rather than the outcomes or products. Qualitative researchers are interested in meaning; how people make sense of their lives, experiences and their structures of the world. The qualitative researcher is the primary instrument for data collection and analysis and data are mediated through this human instrument, rather than through inventories, questionnaires or machines. The research generally involves fieldwork, with the researcher physically going to the people, settings, sites or institutions to observe or record behavior in its natural setting. The process of qualitative research is inductive in that the researcher builds abstractions and concepts.

Qualitative research is complex and inductive and allows for free sharing of information or ideas between the researcher and the participants as opposed to the narrow, reductive perspective of quantitative research (Burns and Grove, 2007). It is an appropriate method to use in this study, since no previous study has been conducted exploring the perceptions of nurse educators and heads of private nursing education institutions on the accreditation process of the nursing ETQA. The scarcity of literature review within the South African context explains this reality. A qualitative approach using content analysis was used

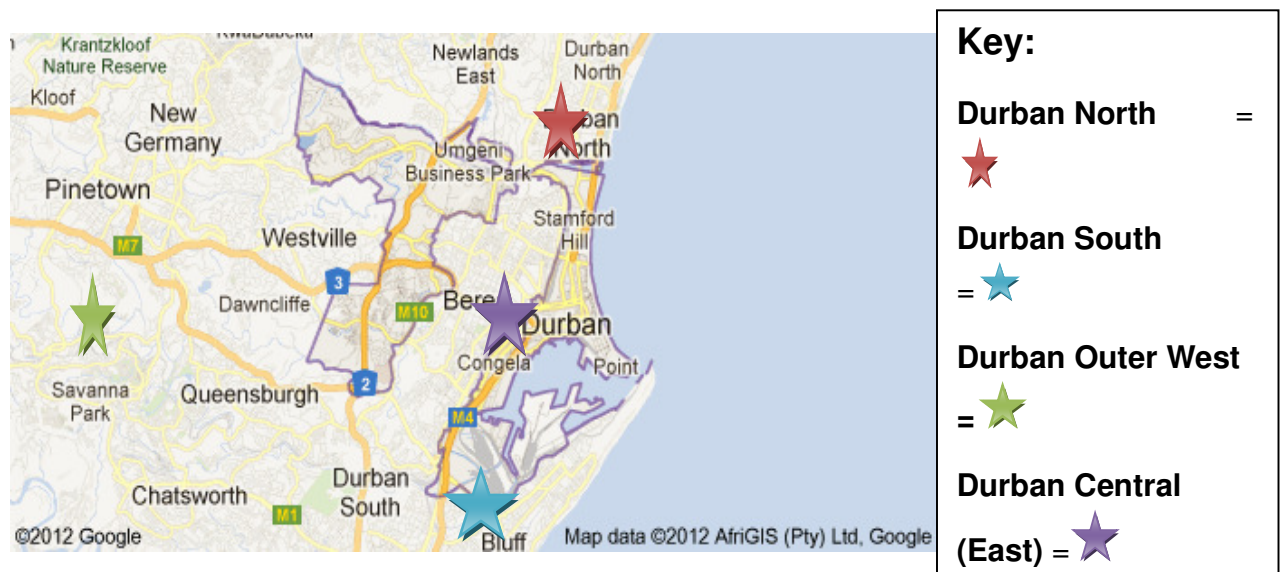
### **3.3 RESEARCH SETTING AND SETTING DESCRIPTION**

Qualitative researchers collect their data in naturalistic settings in the real world (Polit and Beck, 2006). In this particular study, the inclusion criteria of the setting was

determined by the accreditation status of the private nursing institutions in the EThekwini Health District and there are several nursing education institutions in the EThekwini Health District that have been accredited by the Nursing Education Training Quality Assurance body (ETQA). These were identified by the researcher through internet searches (SANC, 2010).

The research setting can be classified as a natural, partially or highly controlled environment within which a research phenomenon of interest is studied (Polit and Beck, 2006). When using a qualitative approach of research inquiry, however, the research phenomenon occurs within the natural environment, where no manipulation or change in the study participants or the environment occurs, as the aim of the research enquiry is to explore perceptions in the natural habitat so as to better understand the basic process underpinning the phenomenon of interest (Denzin and Lincoln, 1994; Crotty, 1993). Out of ten private nursing education institutions in Durban seven heads of private nursing education institutions were sampled for this study. All of the participants had a minimum qualification of a National Diploma in General nursing and Midwifery, and the highest level of qualification within these participants was an Honor in Nursing Education. These nursing institutions were geographically sampled from the south, north and the outer west suburbs of the eThekwini Health District of KwaZulu-Natal in South Africa.

In this study, the natural settings of the private nursing education institutions were chosen as the research sites. The EThekwini Health District falls within the EThekwini Municipality. Durban is located in the centre of the district with other closely surrounding areas located to the north, east, south and west. Two of the seven private nursing education institutions which were chosen as research settings were in the north, three in the south, two in the east and one in the outer west of the EThekwini District. Figure 1 depicts a picture of the participants' locations within the EThekwini Health District.



**Figure 1: Map of EThekweni Municipality** (Source: Google Map Maker, (2011))

**Private Nursing Education Institution A:** This private nursing education institution is situated to the east of the EThekweni District. There is one head, who is the founder of the institution and who has eight years of experience, one deputy head, three heads of faculties with relevant expertise, nine nurse educators, three of whom have student mentorship experience, two administrators and two support staff. This institution is accredited to offer three nursing programs and is permitted to have two cohorts of students per program per year, with a total number of forty students per cohort

**Private Nursing Education Institution B:** This private nursing education institution is also situated in the east of the EThekweni District. The head of the institution has 12 years of experience. There is one deputy head, two heads of faculties with relevant expertise, five nurse educators, two of whom have student mentorship experience, two administrators and two support staff. This institution is accredited to offer two nursing programs and is permitted to have two cohorts of students per program per year, with a total number of forty students per cohort

**Private Nursing Education Institution C:** This private nursing education institution is situated in the north of the EThekweni District. The head of the institution has nine years of experience. There is a deputy head and two heads of faculties, who have the

necessary relevant expertise, five nurse educators, two with student mentorship experience, two administrators and two support staff. This institution is accredited to offer two nursing programs and is permitted to have two cohorts of students per program per year, with a total number of forty students per cohort

**Private Nursing Education Institution D:** This private nursing education institution is also situated in the north of the EThekweni District. The institution has one head, which has eleven years of experience. There is a deputy head, two heads of faculties with relevant expertise, six nurse educators, two with student mentorship experience, two administrators and two support staff. This institution is accredited to offer two nursing programs and is permitted to have two cohorts of students per program per year, with a total number of forty five students per cohort

**Private Nursing Education Institution E:** This private nursing education institution is situated in the south of the EThekweni District. The head is the founder of the institution and has fifteen years of experience. There is a deputy head, two heads of faculties with relevant expertise, ten nurse educators, three nurses with student mentorship experience, two administrators and two support staff. This institution is accredited to offer three nursing programs and is permitted to have two cohorts of students per program per year, with a total number of forty five students per cohort.

**Private Nursing Education Institution F:** This private nursing education institution is also situated in the south of the EThekweni District. The head is the founder of the institution and has fifteen years of experience. There is a deputy head, two heads of faculties with relevant expertise, ten nurse educators, three with student mentorship experience, two administrators and two support staff. This institution is accredited to offer three nursing programs and is permitted to have two cohorts of students per program per year, with a total number of forty five students per cohort.

**Private Nursing Education Institution G:** This private nursing education institution is situated in the outer west of the EThekweni District. The head is the founder of the institution and has fifteen years of experience. There is a deputy head, two heads of faculties with relevant expertise, ten nurse educators, three nurses with student



mentorship experience, two administrators and two support staff. This institution is accredited to offer three nursing programs and is permitted to have two cohorts of students per program per year, with a total number of forty five students per cohort

### **3.4 STUDY POPULATION**

Defined as a set of elements which could be records, participants or events, a population is an aggregate of elements that meet the inclusion criteria of the study in terms of the phenomenon of interest.

The population in this study was the heads of the private nursing education institutions (PNEIs) in the EThekweni District. Ten (10) heads of PNEIs were approached, but at the time of data collection, only seven (7) agreed to participate in the study and gave permission to be interviewed, so they were the ones who were targeted for this study. Thus, this number is the accessible population available for this study who met the criteria for inclusion. All of the PNEIs are accredited to offer training that leads to Enrolled Nursing and Enrolled Nursing Assistant. Two of these PNEIs are accredited to further bridge these Enrolled Nurses to become Registered nurses.

### **3.5 SAMPLING TECHNIQUE AND SAMPLE SIZE**

The researcher aimed for a sample of seven heads of nursing education institutions that were selected through a purposive, non-portability sampling technique to participate in the individual interviews. The private nursing education institutions selected were all situated in urban areas of the EThekweni District. It was hoped that the interviews with the heads of institutions would highlight the importance of the accreditation process and thus encourage them to reflect on the aspects of their experiences of accreditation and to enlarge on what is applicable to them (Polit and Beck, 2006).

When considering a sample size, Lochan Dhar (2008) suggests that qualitative researchers can depend on a small sample since data saturation (points where the same responses are repeated, making data collection redundant) is the ultimate goal in the type of research, not the number of participants. The number can thus be

approximately 7 people, whose ideas and experiences are needed to provide information to the specific study (Brink, 2006).

With regards to the use of in-depth interviews, Lochan Dhar (2008) emphasizes that it is important to ascertain that the participants have experienced the phenomenon under study and show willingness to share these perceptions with others. Consequently in this study, the researcher selected participants based whether they met the inclusion criteria and could provide the needed information for the research. The inclusion criteria for participating in this study required that the participants must be the heads of a private nursing education institution.

### **3.6 DATA COLLECTION TECHNIQUES AND PROCESS**

In-depth interviews were done with each of the heads of the private nursing education institutions and the interviews took between 45 minutes and one hour. Written permission to conduct interviews was obtained from the participants. Each participating head of the PNEIs was phoned a day before to confirm the time and the duration of the interview. The interviews were tape recorded and transcribed verbatim.

The instrument used for data collection was an interview question, which comprised of open ended questions to be used as cues for individual interviews, and field notes (See appendix 1). The cues for interviews allowed a purposeful conversation to take place, especially in this exploratory study (Brink, 2006). The researcher made use of open-ended questions during interviews to allow diverse responses to emerge from the participants. The interview sessions were open and promoted open sharing from the participants regarding the phenomenon. Probing questions were used to guide the interview in cases where further clarification was needed (See Appendix 1).

### **3.7 DATA ANALYSIS**

Polit and Beck (2006) explain the purpose of data analysis as the process of organizing and eliciting meaning from the data. Supporting this notion, Crabtree and Miller (1999) identified three prototypical styles that fall along a continuum, namely template analysis,

editing analysis and immersion/crystallization analysis. In this study, the content of the data was analyzed using the editing analysis style.

### **3.8 CONTENT ANALYSIS**

Babbie and Mouton (2004) define content analysis as the study of recorded human communications. However, Polit and Beck (2008) argue that content analysis is the analysis of the content of the narrative data using editing analysis to identify prominent themes and patterns among the themes.

Qualitative content analysis using the editing style was performed in this study, which involved analysis of the content of the narrative data to identify prominent themes. The researcher began this process by searching for recurring regularities or themes. According to Polit and Beck (2008), a theme is an abstract entity that brings meaning and identity to a current experience and its various manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole. Supporting this notion, Seidel and Kelle (1995) assert that the search for themes does not only involve the discovery of commonalities across participants, but also uncovers natural variations. It is further stated that themes that emerge are never universal. The researcher did not only attend to how themes arose, but also to how they were patterned.

Polit and Beck (2008) also contend that a further step can be taken which involves validation to determine whether the themes inferred are an accurate representation of the phenomenon. However, it is also stated that researcher's triangulation cannot ensure thematic validity, but it can minimize idiosyncratic biases. Crabtree and Miller (1999) highlight that undertaking member checks is useful, that is presenting preliminary thematic analysis to some participants who can be encouraged to offer comments to support or contradict the analysis.

### **3.9 EDITING ANALYSIS STYLE**

Crabtree and Miller (1999) further contend that researchers using an editing style act as interpreters who read through texts in search of meaningful segments. Furthermore it is

stated that once segments are identified and reviewed, researchers develop a category scheme and corresponding codes that can be used to sort and organize the data. The researcher then searches for the patterns and structures that connect the thematic categories (Crabtree and Miller, 1999).

The first analytic procedure involved reading all data carefully and jotting down ideas that came to mind in view of getting sense of the whole. To assist in this task, the researcher read through several participants' data looking for underlying meaning. Thereafter, a list of ideas noted from all transcripts was developed. The researcher then went on to find the most descriptive word that summarized all the ideas, and this formed the categories or sub-themes. Furthermore, the researcher read through everything again to assess what all the subthemes related to. This assisted in finding a descriptive word that summarized all the sub-themes and this then became a theme. Finally all themes and sub-themes were re-assessed for accuracy (See Figure 2).

### **3.10 DATA REDUCTION**

This step involved reducing the data into manageable categories in terms of the themes or topics which formed part of the interview guide in an attempt to simultaneously analyze data while reducing them into manageable chunks.

It is during this stage that the researcher noted the emerging patterns and tried to relate them to the answers given to questions in the exploratory questions.

It became imperative to compare responses given by different participants to the same questions. The researcher critically analyzed words and imagery used by participants in an attempt to translate their ideas into metaphors. The researcher then scrutinized the responses and comments of the participants with a view to eliciting the underpinning discourses and the utterance of the participants.

The similarities or differences in the participant's answers, the words and metaphors they employed, as well as the discourse underpinning their responses formed patterns which could be used to explore the participants' perceptions.

**Researcher:** Now we are starting the interview .Question 1, what do you understand of the term accreditation?

Safe guard

• Legal status  
• Confidence  
• Program  
• Clinical  
• Institute

accreditation?

Licensure of Institute

**Participant:** It is a legal status awarded in terms of section 42 of the nursing Act to a nursing education institution that has complied with the prescribed criteria for nursing education institutions, their programs and the related clinical facilities.

The primary purpose of accreditation to ensure that education standards and the quality of education are maintained. When an education institution is accredited a certificate is issued to the institution for every program offered. The accredited institution is required to comply with all the applicable legislation and ensure that it adheres to the accreditation criteria and all conditions of the accreditation. Nursing education institution may be de-accredited if it fails to adhere to the accreditation criteria and conditions of the accreditation. Accreditation can be awarded for up to five years after which the institution will be re-evaluated against prescribed criteria during this time a programme of monitoring and improvement will take place the provider's will receive a monitoring visit during the first year after accreditation and audited at least once during the accreditation period.

**Researcher:** What are your perceptions of accreditation as influencing the quality of education provision?

**Participant:** Feedback by the external person will bring positive change. Performance standards will improve. Quality is ensured at each stage of teaching. There will be improvement, transformation and growth. The exam results will be excellent.

Quality assurance.  
Quality improvement

1) Conceptualization of concepts

- Satisfaction
- Accountability / control
- Responsibility
- Quality Assurance
- Licensure

### 3.11 ETHICAL CONSIDERATIONS

All participants that were interviewed for the study was given an information document which explained the details of the study and they were given time to read and sign it, thus making it an informed consent (See Appendix C). The researcher achieved this by explaining the goal and the methodology of the research steps to the participants. The document reinforced their right to refuse consent to participate or to withdraw from the study without punishment.

Data gathering was limited to eliciting information that was relevant to the study, which involved face to face interviews and the use of probing questions.

The ground rules were verbalized during the interviews. Where appropriate, sessions ended with a debriefing session, particularly where emotionally challenging issues surfaced during the interviews.

**Risk:** Participants in this research were assured that there was no risk involved in participating in the study and that they would not be exposed to any harm during the process. The nature of the study was fully explained to them and they were given the opportunity to ask any questions to receive clarifications on anything they might not understand.

**Benefits:** The benefits to the participants will be the outcome of the study, which might be used to change practice. In addition, the findings from this study will help the relevant authorities to gain information that may be utilized when developing policies in this regard, thus enhancing quality nursing education.

**Confidentiality:** Participants in this study were informed that all information was confidential and would be kept confidential. The informed consent that was read to participants before interviews started, stated the above (See Appendix C).

**Anonymity:** Participants in this study were assured that no identifying information would be used and that information would not relate to individual colleges, but would be aggregated, thus ensuring anonymity.

### **3.12 QUALITATIVE RIGOR**

The term qualitative rigor has been established to describe the means through which integrity in the research process is maintained (Tobin and Begley, 2004). Qualitative rigor and trustworthiness have been regarded as the cornerstone for assessing criteria for : (a) credibility;(b) transferability; and (c) dependability.

### **3.12.1 Credibility**

Explained by Guba and Lincoln (1994), credibility is aimed at addressing the authenticity of the data and assesses the degree to which the concepts emerged are actually grounded in the data. Miles and Huberman (1994) and Merriam (1998) state that credibility addresses the fit of the data and how congruent the findings are with the reality of the collected data. Janesick (2000) and Tobin and Begley (2004) further explain that credible techniques of data collection and analysis ensure that the participants' views and expressions are accurately represented in the researcher's meaning. Denzin and Lincoln (1994) and Botma, Greeff, Mulaudzi and Wright (2010) suggest prolonged engagement, triangulation of data and member checking as some techniques which can be employed to ensure credibility.

To achieve credibility in this study, the researcher gave a short summary to the participants after each individual interview to check if their ideas had been captured well, and also to provide an opportunity for correction or clarity where indicated. In addition, the data interviews were transcribed and then reviewed by and discussed with an expert. In this way, peer debriefing was achieved.

### **3.12.2 Dependability**

The researcher linked findings of the study with the evidence based on scientific findings. Also the proposal was presented to the panel of experts on the subject before the data collection process to check whether the process of research was appropriate to answer the research questions. The interview guide was adapted from Polit and Beck (2006). In this way, broad questions that had been used successfully as data collection tools in another context were adapted for use in this study.

### **3.12.3 Transferability**

The phenomena under study were described in detail to allow readers to evaluate the contexts where the conclusions of the research can be relevant. Thus, adherence to philosophical underpinnings and engagement in thorough process of data collection ensures trustworthiness in qualitative studies as opposed to objectivity and rigid

adherence to research designs in quantitative studies (Burns and Grove, 2007). Accordingly, this process enabled the researcher to provide thick descriptions (rich and thorough) based on the results of the study and enriched with direct quotations from the participants (Burns and Groove,2007).Additionally, purposive sampling was selected for the study based on the researcher's personal judgment on who were informative and representative of the nursing education institutions (population). It is hoped that the face to face interviews took place until the point where no new information could be elicited from the participants (data saturation).

### **3.13 DATA MANAGEMENT, STORAGE AND DISPOSAL**

During the period of the research, all field-notes and transcribed data yielded from the in-depth individual interviews were saved on Microsoft Word 2007 and the Nvivo version 8.0 software programs. All files were backed up on the researcher's personal password-protected computer and on a removable external hard drive. Transcripts from data collection were stored in a locked cupboard to which only the researcher and research supervisor had access. All forms of data will remain stored in a password protected computer and the external hard drive will be stored in a locked cupboard that is accessible to the researcher and supervisor only.

All data will be destroyed five (5) years after completion of the study by shredding the hard copies of transcribed data. The electronic versions of the transcribed data from the in-depth individual interviews and field notes and audio files of the collected data will be deleted from the PC hard drive and external hard drive and deleted from the PC's recycle bin.

### **3.14 CONCLUSIONS**

In this chapter, the mechanism of research study with regards to the research approach and its related philosophical underpinning was presented and justified. The research design, setting and setting description, study population and data collection techniques and process were presented. Issues of qualitative rigor in terms of the trustworthiness of the research process were explained.



Data management and the ethical principles and considerations maintained in this study were also discussed. Lastly, issues of data management, storage and disposal were also discussed.

## **CHAPTER FOUR**

### **PRESENTATION OF THE MAIN FINDINGS**

#### **4.1 INTRODUCTION**

The data was collected through seven in-depth interviews with the heads of the selected private nursing institutions in the EThekweni health district. The results are outlined in a manner which indicates how the three objectives of this study were achieved. These objectives were: (a) to explore the perceptions of the heads of the private nursing education institutions on the accreditation process of the nursing education and training quality assurance body ETQA; (b) to explore the perceptions of the heads of the private nursing institutions on the benefits of the accreditation process in enhancing quality management systems of the institution; and (c) to explore the perceptions of the heads of the private nursing institutions on the challenges of the accreditation process by nursing ETQA.

Themes and subthemes presented in this chapter emerged from the words and phrases which were used by the participants themselves. Since the perceptions of the study participants were the phenomenon of interest in this study, examples of these are quoted, in italics.

#### **4.2 SAMPLE REALIZATION**

The heads of schools from seven private nursing education institutions were sampled for this study. All of the participants had the minimum qualification of a National Diploma in General nursing, Midwifery and Diploma in Nursing Administration, while the highest level of qualification was Honors in Nursing Education. All heads of private nursing education institutions selected met the requirements of the Principals as determined by the SANC. The nursing institutions were geographically sampled from the south, north and the outer west suburbs of the eThekweni Health District in the province of KwaZulu-Natal in South Africa.

#### 4.2.1 Sample description

The researcher interviewed a total of seven heads of private nursing education institutions in the eThekweni Health District. For the sake of confidentiality, all the participants were asked to choose a pseudonym, which was then used throughout the research. All of the participants have had experience of the South African Nursing Council's process of accrediting the private nursing education institutions. Five of the heads of the private nursing education institutions who participated in the study were the founders and owners of these institutions, while two of the heads were employed by the private nursing institution. Table 2 below reflects the participants and their demographics.

**Table 2: Demographic Description of Study Participants**

Participant	Geographic area	Total number of years as Head of The Institution	NEI	Transcript
Participant 1	Outer West	10 years	NEI A	Transcript 1
Participant 2	South	9 years	NEI B	Transcript 2
Participant 3	North	16 years	NEI C	Transcript 3
Participant 4	North	12 years	NEI D	Transcript 4
Participant 5	East	13 years	NEI E	Transcript 5
Participant 6	South	14 years	NEI F	Transcript 6
Participant 7	East	10 years	NEI G	Transcript 7

#### 4.2.2 Detailed description of study participants

##### **Participant 1: Mrs. Lucas**

Mrs. Lucas, from nursing education institution A, was the first participant interviewed for the purpose of collecting data in this study. She is 55 years old and is English speaking. Mrs. Lucas is the founder and the owner of the institution and has had ten years of experience as the head of the institution. She had previously worked for 18 years as a

nurse educator in one of the nursing education institutions in Durban. At the time of the study, she was registered at the University of KwaZulu-Natal to study a Master's degree in nursing education. Mrs. Lucas experienced the initial accreditation process with the nursing ETQA and has also experienced the process of program approval for additional programs that the institution has added.

**Participant 2: Mrs. Freddy**

Mrs. Freddy is the owner and founder of private nursing education institution B. She is a 58 year old Capetonian, speaking both English and Afrikaans. She has had nine years of experience working as a clinical tutor in one of the Government nursing education institutions in the eThekweni health district and five years working as nurse educator. Mrs. Freddy's highest qualification is Honors in nursing education obtained from the University of Natal, now known as University of KwaZulu-Natal. She has experienced the accreditation process of this institution.

**Participant 3: Mrs. Makhenke**

Mrs. Makhenke is the owner and founder of private nursing institution C. She is a 64 year old Xhosa speaking lady. She has long experience working as a tutor of an advanced midwifery training program in one of the nursing education institutions in the uMgungundlovu district. She was one of the first nurse educators to establish an accredited private nursing institution in the eThekweni health district 16 years ago. She has a Diploma in Advanced Midwifery and is looking forward to her institution offering a qualification in midwifery in 2014.

**Participant 4: Mrs. Bell**

Mrs. Bell is English, 61 year old widow. She also speaks a little bit of isiZulu and has been employed as head of this nursing education institution for the past 14 years. She has 15 years of experience in working as a clinical tutor in one of the public nursing education institutions in eThekweni health district. She was very enthusiastic about her participation in the study and keen to hear the results of the study as this institution is getting ready to implement new nursing qualifications in 2016.

**Participant 5: Mrs. Dawn**

Mrs. Dawn is 59 years old and is English speaking. She is an experienced nurse educator who has worked for 18 years as the head of a pediatric post-basic training course in one of the local public nursing institutions. She has worked as the head of this nursing education institution for 13 years. At the time of her interview she was studying for a Master's degree in nursing education.

**Participant 6: Miss Manzini**

Miss Manzini is a 64 year old lady who has never married and lives with her 92 year old mother and a granddaughter. She speaks English and isiZulu and has a Diploma in Nursing Education, previously known as a DNE. She has worked for 18 years teaching basic nursing in one of the best nursing education institutions in Durban. This nursing education institution used to produce the best nurses in this province. She was very concerned about decreasing standards in nursing care and was looking forward to seeing the findings of this study.

**Participant 7: Mrs. King**

Mrs. King is 60 years old and is the head and owner of nursing institution G. Prior to establishing the private nursing education institution; she had worked for eight years as an orthopedic nurse and had taught orthopedic nursing for ten years. Mrs. King said she had no intention of adding an orthopedic qualification to her existing programs offered.

**4.2.3 Data reduction**

This step involved reducing the data into manageable categories in terms of the themes or topics which formed part of the interview guide in an attempt to simultaneously analyze data while reducing them into manageable chunks.

It is during this stage that the researcher noted the emerging patterns and tried to relate them to the answers given to questions in the exploratory questions.

It became imperative to compare responses given by different participants to the same questions. The researcher critically analyzed the words and imagery used by participants in an attempt to translate their ideas into metaphors. The researcher then

scrutinized the responses and comments of the participants with a view to eliciting the underpinning discourses and the utterance of the participants.

The similarities or differences in the participants' answers, the words and metaphors they employed, as well as the discourse underpinning their responses formed a pattern to be used to explore the participants' perceptions.

#### **4.2.4 Content analysis**

Explained by Crabtree and Miller (1999), qualitative researchers conducting studies that are not based in a specific research tradition usually conduct a content analysis, which involves analysis of narrative data to identify prominent themes and patterns among the themes to capture the nature of perceptions in the study.

An editing analysis style was used (See attached appendix E). The researcher acted as an interpreter by reading through the texts in search of the meaningful segments. Once the segments were identified and reviewed, the researcher developed a category scheme and corresponding codes to be used to sort and organize the data.

The researcher then searched for the patterns and structures that connected the thematic categories. The researcher weaved the thematic pieces together into an integrated whole.

### **4.3 RESEARCH FINDINGS ACCORDING TO CATEGORIES, THEMES AND SUB-THEMES.**

The emergent categories and subcategories are presented hereunder as: conceptualization of the concept accreditation; perceptions about the process of accreditation; perceptions about the benefits of the accreditation process; and perceptions about the challenges of the accreditation process.

#### **4.3.1 Conceptualization of the Concept Accreditation**

The emergent themes that were identified through the analysis were aligned to the research objectives. Accreditation was conceptualized as: (a) a vehicle for licensing nursing education institutions; (b) a mechanism to safeguard learners and the public; (c)

a tool for quality management and quality assurance; and (d) a mechanism of ensuring high standards of performance. These will be presented in more detail below.

#### **4.3.1.1 A vehicle for licensing nursing education institutions:**

Participants conceptualized accreditation as a vehicle for licensing nursing education institutions and the programs they offer. It was revealed that nursing education institutions and the learning program have to be inspected and scrutinized by nursing ETQA to check compliance to standards and criteria laid down by this authorized ETQA before accreditation is awarded to the institution to enforce adherence and to protect students and the public. This is indicated in the following quotes from some of the participants.

*“...For our school to get a license for training of nurses, the school has to be visited by council to do the inspection and to scrutinize our files and records to check that we are complying to all criteria and requirements laid down by quality assurance body. The program is also checked to see if it is complying to the standards as laid down before a license of accreditation is awarded” (Transcript 6)*

*“South African Nursing Council had to check and scrutinize the curriculum that we developed to check if it is in line with the vision and the mission of the school before the license is issued out that allowed us to offer the programs” (Transcript 4)*

*“The availability of classrooms, demonstration rooms and clinical facilities to place students for practical experience was also scrutinized and it was approved before we could start training. Teachers were interviewed and the CVs were checked to see if they qualify to teach nursing programs” (Transcript 7)*

It was further revealed that nursing education institutions without a license cannot offer nursing programs that qualify students to practice as a nurse. Participants stated that lack of accreditation is unacceptable and seen with disfavor among training institutions. Further to this, having the required accreditation was seen as a license as it was the first step which permitted nursing schools to officially start recruiting and training. This was indicated in the following quotes from some of the participants.

*"Institutions that have no license or permit is regarded as a fly by night school. It cannot train nurses...Institutions with no accreditation is not allowed to provide training of nurses. After receiving it was then that we started to recruit students and officially started training nursing programs after it has been visited by nursing council to check the school and all necessary documents that are needed for us to train nurses..." (Transcript 3)*

*"We knew that we are not allowed by law to call our institution a nursing training institution because institutions without nursing council license cannot offer nursing programs. The license that we received from nursing council after scrutinizing our school gave us a go ahead to advertise our nursing school and provide nurse training. Before they leave the institution they had to give us a report on their finding... and the report was to be signed by accreditation manager before the license was issued to the institution as accreditation, for me that letter or license was an accreditation before this visit we could not train nurses..." (Transcript 2)*

*"The front page of the curriculum was stamped and signed as approved which for me it meant our program got accreditation as well and we were licensed to train the program. That on its own to me meant we can start recruiting students to start training" (Transcript 1)*

#### **4 3.1.2 A mechanism to safeguard learners and the public:**

Some of the participants conceptualized accreditation as a mechanism to safeguard learners and the public. It emerged from participants that accreditation not only safeguards learners' rights, but also protects parents and the public from exploitation by illegal nursing education institutions. Furthermore, it emerged that accreditation also safeguards the integrity of nursing education by not permitting private institutions to compromise the quality of nursing education delivery in their quest for profit-making. This can be seen in the following abstracts.

*"As an accredited school we have to safeguard students and the public by training curriculum that is approved so that at the end students receive certificates and be able to practice as nurses. We also have approved policies that protects learners rights that is, students admissions and appeals policy therefore we have to stick to prescribed number of students intake per group as stipulated in the program. The*



*additional numbers that exceed the permitted number of students are regarded as extra and they are not counted in the cohort of students and they have to start with the next group. In order to safeguard students' rights and their parents ...We have to do correct things all the time. Students have rights to appeal if not satisfied with assessment results. Therefore this institution safeguards learners' rights" (Transcript 3)*

*"The reputation of nursing education is also protected. We can't overcharge students because there are specified amount of fees that we can charge as course fee according to the institutions policies...we have to guard parents safety and the public safety by avoiding showing more interest in profit-making more than quality teaching" (Transcript 5)*

*"There are Illegal nursing schools exploiting the public by charging large amount of money as course fee yet at the end of the year students don't get certificates to work as nurses because the school is not accredited by South African Nursing Council therefore accreditation protect the public from exploitation" (Transcript4)*

It was also evident that accreditation is seen as a watchdog for the government as it has the authority to close down institutions which do not comply with the directives of the ETQA. Participants also explained that accreditation closely monitors and audits institutions to ensure that the standards and norms are being maintained. This was indicated in the following quotes from some of the participants.

*"...The South African Nursing council acts as a watchdog watching thieves around the house at night. That is how we regard the nursing council. They do inspections and audits of the school two times a year to strictly monitor and check if we still do the correct things" (Transcript 1)*

*"The school that has just closed down it uses to take extra groups of students per year and the number of students exceeding stipulated number of students per group. The school had to pay the fees back to students and the watchdog took away the accreditation status" (Transcript 6).*

*"We are continuously monitored and checked by council now and again they visit the school. I think they do this close monitoring frequently so that we maintain*

*quality of teaching and learning at higher levels as an accredited institution”*  
(Transcript 5).

Some of the participants revealed that accreditation can be conceptualized as a monitoring body to control student teaching and learning. It emerged that institutions are obliged to employ suitable facilitators who have relevant qualifications that are higher than the exit level of the programs offered by the institution. It further emerged that the South African Nursing Council’s policies and procedures stipulate that teaching staff have to have sufficient teaching competences and enough teaching experience, as indicated in the following quotes:

*“...the South African Nursing Council also checks on the qualifications of the teaching staff. That is why our institution is employing adequately qualified teaching staff with enough teaching experience. We keep records of curriculum vitae and...copy of qualification certificates as these are checked when nursing council visits the institution for monitoring (Transcript 4)*

*“We also regard previous employer’s references as important for quality control in this institution. All teaching staff has to have a nursing education qualification and an additional qualification that makes him/her to above the qualification she is teaching”*  
Transcript 1)

*“Our teaching staff is well experienced and all of them have an additional nursing education qualification which is needed mostly for the staff involved in teaching of students in this institution” (Transcript 3).*

*“Teaching staff in this institution has all necessary teaching experience and qualification in nursing education. This is closely monitored in every nursing council visit. They even check attendance registers to monitor students’ attendance to lectures and sometimes interview students in the absence of teaching staff to establish whether students are satisfied with methods and the content teachers are teaching...” (Transcript 5)*

It was explained that the South African Nursing Council stipulates the number of hours to be spent by students in each module to control student learning. It was further revealed that credits are calculated using notional hours and students therefore have to

ensure that they attend the required number of hours so as to obtain the credits needed for the qualification. Furthermore, it was revealed that institutions have to have libraries and computer laboratories to support student learning. Some of the participants explained that the number of student enrollments has to balance with the intended learning outcomes of the program proposed by the South African Nursing Council, as indicated in the following quotes

*“The South African Nursing Council monitors and controls students learning by stipulating total number of hours to be spent by students for each learning outcome as each qualification has credits and credits are calculated using notional hours which the South African Nursing Council strictly monitors. They even check the evidence which is attendance registers and time sheets from the clinical facilities” (Transcript 2).*

*“We are having computer laboratories and a library with a qualified librarian to support students learning. The availability of books is controlled and monitored by the school and the South African Nursing Council checks all these things when they visit the school. Hours students attend for each outcome in the qualification or program is strictly monitored as they have to account to the higher authorities, which is SAQA” (Transcript 7).*

It was further revealed that accreditation assists the institution to adhere to legal prescripts of the education and training quality assurance body in order to maintain the legal status. It was mentioned by participants that guidelines and policies have to be properly implemented and that the required standards of teaching and learning are met at every step of the way. This was indicated in the following quotes from some of the participants

*“Our school adheres to all legal requirements that South African Nursing Council prescribes, uses feedback from the South African Nursing Councils monitoring reports to identify gaps and to recognize strengths and weaknesses in our daily activities of teaching and learning training is delivered according to our policies. We maintain standards by identifying gaps and fixing them immediately. This helps us to maintain our legal status...of accreditation” (Transcript 2)*

*"We always work on our weaknesses to change them to strengths. We also continuously develop and grow new and existing abilities and update our policies as new developments come. We make it a point that we attend all quality assurance workshops so that we are not left behind from new developments and changes. This is how we are managing to maintain our legal status" (Transcript 5)*

*"Our school is always rated as excellent because we always work according to guidelines and criteria set by the South African Nursing Council in order to keep and maintain our legal status of accreditation" (Transcript 4).*

#### **4.3.1.3 A Tool for quality management and quality assurance:**

Participants conceptualized accreditation as a tool for quality management and quality assurance. It emerged that positive feedback from the South African Nursing Council's monitoring visits and the developmental report are utilized by the institutions to enhance and strengthen the quality of teaching and learning. Furthermore, it emerged that any gaps that are identified are addressed while students still have the opportunity to derive the maximum benefit from the learning experience being made available to them. Therefore accreditation was seen as a valid and useful tool for quality assurance in the institution. This is evident in a few of the following excerpts from participants.

*"We also regard accreditation as a tool for quality assurance. Therefore, we use positive feedback from the Nursing Council's monitoring visit as useful because we use that feedback to enhance our quality and strengthen our teaching for good results. We also identify gaps and address them quickly. Therefore we see accreditation as good tool to assure quality" (Transcript 2)*

*"...There is what is called a developmental report. In this report there are things that the South African Nursing Council wants us to correct and submit immediately for them to endorse the results of the visit. Gaps are identified and dealt with while students are still on training. What is needed to be submitted to the South African Nursing Council is done immediately by the institution and as we do corrections we learn new things, so that is why we say accreditation is a valid tool for quality management and quality assurance" (Transcript 5)*

Participants revealed that the South African Qualifications Authority (SAQA) authorizes the South African Nursing Council to maintain the quality of the nursing education by ensuring that prescribed norms and standards are adhered to by the private nursing education institutions. It also became evident from the data that institutions must be guided by these in their daily activities of teaching and learning. It was further revealed that the institutions also regard their internal reviews as an important aspect of quality assurance of their programs. A few excerpts from some participants are as follows

*“We were taught in the workshop that within the accreditation there are norms and standards that we are expected to adhere to and these are prescribed by SAQA and therefore the institution has to abide by these. These are set by the accrediting body and the accrediting body is given authority to perform these duties by government, to watch and monitor standards of teaching and learning in the nursing education institutions. Therefore in our daily activities we need to be guided by them so that we are on the safe side all the time” (Transcript 3)*

*“According to norms and standards there should be an internal audit committee that does the internal quality monitoring. Meetings sit every second month to discuss academic issues and to keep track with standards. The Audit Committee does internal audits and campuses audit one another. Reports from the committee are taken seriously, changes are done immediately to maintain quality in our school... the Nursing Council when visiting the institution they read these reports and see that the institution does not only rely on external monitoring by accrediting body to ensure quality, but we also adhere to norms and standards” (Transcript 7).*

Some participants mentioned that student assessments are a central indicator of teaching effectiveness and success in the institution. Furthermore, participants also revealed that because assessments influence the quality of teaching and learning, the institutions use them as for quality assurance before they are audited by the Nursing Council. This is indicated in the following excerpts

*“We use assessments as well to measure effectiveness of our teaching and nursing. The South African Nursing Council verifies assessments to check the validity and reliability of the tool used as part of quality assurance” (Transcript 1)*

*“Our institution has developed a good assessment policy that guides us on how we should conduct and develop the assessment tools as we have realized that quality of teaching and learning is monitored through assessment there is no other way that we can check the effectiveness of our teaching rather than assessing students continuously as we teach orally and in writing” (Transcript 4).*

*“In this institution we screen students even before they can begin the training just to check if students will cope with the demands of the program. This we call diagnostic assessments or placement assessments. We have realized that this contributes a great deal in quality assurance of the institution” (Transcript 6).*

It emerged that the institutions constantly measure their level of quality through the number of graduates they have, student retention and a decrease in the failure and drop-out rate as the South African Nursing Council uses this information to monitor the quality of teaching and learning. A few excerpts from some participants are as follows.

*“The institution has a high pass rate ...we don’t have students failing and dropping out because this is how we are continuously measuring the quality of teaching and learning in the school. Students graduating from this institution are monitored by the South African Nursing Council as student failure is regarded as a sign of poor quality...accreditation for me is a good tool for quality assurance” (Transcript 2).*

*“The institution is making a point that all students pass the examinations because the council uses the pass rate to measure and monitor the standard and quality of teaching and learning. We also have extra tuition to those students who are struggling to understand the content of modules. We have designed strategies of assisting these students” (Transcript 4).*

*“....Ey, here we don’t want students that drop out of the program because we don’t know if the cause of dropping out is the way we treat them or is because of poor quality of our program delivery or teaching methods that we use. This again is closely monitored by council to ensure quality” (Transcript 6).*

It also emerged that the institutions implement a policy for the development and evaluation of learning materials and the alignment of programs with the underpinning philosophy of quality program delivery. It was revealed that experts who have been

trained in the subject matter are involved in the development of the learning material as it is scrutinized by the Nursing Council. Participants revealed that accreditation is regarded as a good tool for quality assurance. A few excerpts from some participants are as follows.

*"In our institution we don't use outdated learning material because we know that South African Nursing Council scrutinizes the learning material in order to ensure that students are taught the updated information and relevant information" (Transcript 4).*

*"The institution time and again conducts research and evaluates the content of the programs and the learning material to keep up with new developments and to identify gaps and the content that need to be upgraded and updated" (Transcript 1)*

*"We are also recruiting facilitators who are knowledgeable and have experience. Our facilitators are also trained to evaluate learning material and to upgrade them as South African Nursing council uses these to monitor and ensure quality teaching and learning delivery..." (Transcript 5)*

*"South African Nursing Council scrutinizes our records and learning material to check if the institution is still working towards achieving its vision and its mission that of addressing the needs of the local community and the needs are changing every day just now the teenage pregnancy rate is escalating" (Transcript).*

Some participants revealed that their institution abides to the legislation regarding students' entry requirements, which is level of education and age restriction. Participants explained that a Metric certificate is required for admission into the programs. It was also mentioned that as part of quality control, students younger than seventeen years of age are not admitted to the institutions because they are not yet ready for the demands of nursing training and that students above forty five years of age are also not admitted. This was indicated in the following quotes from some of the participants.

*"We are very strict in our admission criteria we recruit students that will be able to meet the demands of the curriculum, we don't take students who are less than*

*seventeen years of age also we don't accept students older than forty five years"*  
(Transcript 2)

*"The South African Nursing Council does not allow the institution to admit students without metric as an entry requirement. They monitor this from copies of identity documents on initial registration of students with the council, and really, accreditation is a tool for quality assurance"* (Transcript 4)

It also emerged that the private institutions have an appropriate ratio between full time and part time teaching personnel to ensure the stability of the program teaching. The staff complement is such that it ensures that students are exposed to a diversity of ideas, teaching styles and approaches. It further emerged that the institutions provide opportunities to staff to enhance their teaching and assessment competencies and to support their growth and development. Furthermore, it was revealed that there is strict monitoring of staff and that support and counseling activities are available. The South African Nursing Council strictly monitors this as they have to ensure that quality is maintained. This was indicated in the following quotes from some of the participants.

*"We make it a point that we have enough teaching staff, The institution has also employed few part time teachers who teach as and when there is a need because we don't want a situation where students are not taught like when a staff member is sick .This we do to allow students to be taught by different teachers with different teaching styles. Teachers are given support and are allowed to further their studies. We have just sent teachers for an assessor course as this is a requirement from accrediting body that is why we regard accreditation as a tool for quality assurance"*  
(Transcript 4).

*"We have enough teaching staff, we have even contracted teachers on part time basis, but full time teachers are more than part time teachers"* (Transcript 2).

*"Hey, our staff is so dynamic and pro-active they don't wait to be told to change and use different methods of teaching. They know that the internal quality management team monitors the teaching and learning. In an incidence where students don't understand the content in the modules, the quality assurance staff will want to know what methods are used to deliver the information, what measures are taken to make the students understand. Hey, in this institution, when there are students who are*



*struggling, they come to me to tell me that they have designed a different method that they think it will benefit the students without me telling them what to do” (Transcript 6).*

*“The institution has developed a policy that allows staff to develop themselves so that they can grow and enhance their quality of teaching and we also have support unit for the staff who are taking care of the needs of the staff as they are also human beings ” (Transcript 3).*

Some participants revealed that the institutions have effective mechanisms of validating metric certificates before learners commence training as some learners submit fraudulent metric certificates and this affects the quality of graduates produced. It was mentioned that learners without metric certificates don't cope with the demands of the program. It also emerged that issuing certificates for short-term programs has strict security procedures. Participants explained that quality is assured by adhering to effective security measures as prescribed by SAQA. This was indicated in the following excerpts

*“We also have strict security procedures for printing of our short courses certificates to avoid fraudulent issuing of certificates. The South African Nursing Council scrutinizes security of the certificates before they are issued. Features like holograms and unique numbers each certificate has and the record keeping of certificates issued is monitored” (Transcript 4).*

*“Our institution sends all metric certificates for verification with the local Department of Education office. We do this process to ensure that the institution maintains its commitment to quality assurance” (Transcript 5)*

Participants revealed that experts and peers always depicted students from their institutions as meeting the required disciplinary standards. They said that feedback from recent graduates indicates that they were satisfied with the program and its quality delivery. They mentioned that because quality is assured in every step of their teaching and learning, they are always praised for the quality of patient care that they render to their patients. This is indicated in the following excerpts.

*“Our school respects any report from people inside the school and outside the school. We also receive good reports from our previous year’s students and they refer students to our school. Experts usually give us good feedback. Really this is due to the fact that we maintain quality all the way and this is due to the fact that the South African Nursing Council sits on us to make sure that quality of teaching and learning is maintained” (Transcript 3).*

*“After each visit by the South African Council we are told that our students are meeting the set disciplinary standard. This is due to the fact that they do students interviews and we don’t even know what questions they will ask from students” (Transcript 6).*

*“Graduates from our institution always give us positive feedback about the school. They always tell us that teachers are very good, they know what they are doing. We are always told that nurses who trained from our institution are rendering quality patient care and this is the feedback we always receive even from patients” (Transcript 5).*

#### **4.3.1.4 A Mechanism for high standards of performance**

Participants conceptualized accreditation as a mechanism for high standards of performance. It became apparent that the institutions set high standards to be achieved by students. It emerged that students are rated as competent when 60% is achieved for internal written and practical assessments. It was explained that the institutions offer remedial and extra tuition, and individualized support to students who are not fully competent to assist them to reach high standards of performance. This was indicated in the following quotes from the participants.

*“We set high standards to be achieved by students and we don’t rate a student who gets less than 60% in written and practical assessments as competent and those students who are struggling are given support to assist them to reach high standards of performance” (Transcript 4)*

*“Our standards in this institution are very high. Students know very well that if they don’t get more than 60% in their assessments they are deemed not competent and they have to re write the assessment. This helps students to work hard because*

*they know that their final assessment is set by an external examiner, which is the South African Nursing Council” (Transcript 6).*

*“Students who don’t meet our set standards, that are high marks in tests and high marks in practical, are made to write another test until the required standard of achievement is met by students. Sometimes there are those students who struggle to achieve high marks. We therefore provide them with individualized remedial lectures. The institution has developed a special remedial time table based on the institutions policy manual which is read and given to learners on the first day of training. Learners have to sign for the policy manual as evidence that they know what is expected from them” (Transcript 1)*

Some participants revealed that the practice of students keeping a portfolio of evidence (POE), as prescribed by SAQA, does contribute towards achieving high standards of performance. It was explained that students work hard knowing that their assessments might be sent to external verifiers and that randomly selected POEs are submitted to SAQA as evidence that teaching and learning has taken place and that the required standard of quality has been maintained. It emerged that for this reason, all students strive to produce work of quality. This was indicated in the following quotes from some of the participants.

*“We have to assist students to develop a portfolio of evidence as this is required by SAQA as evidence of students’ teaching and learning. These portfolios are selected at random and the South African Nursing Council uses them in the audits by SAQA. We have realized that accreditation is a mechanism to ensure high standards of performance in teaching and learning” (Transcript 2)*

*“Students’ standard of performance is high as they know that the evidence of their work will be kept as records and evidence of how quality of teaching and learning was delivered” (Transcript 6)*

*“It so amazing that the South African Nursing Council chooses POEs at random. We don’t even know which ones will be chosen so we always emphasizes quality to our students, and again some POEs are selected by SAQA as records and evidence of quality teaching and learning” (Transcript 4).*

One of the participants explained that her institution has introduced a self-assessment tool for students to assess and rate their standard of performance. She explained that students use this tool on a quarterly basis to compare their scores with the teachers' rating scores. The South African Nursing Council recommended that all accredited institutions should adopt this tool and participants believe that this mechanism is contributing to the high standard of performance in their respective institutions. A few excerpts from some participants are as follows

*"Our students do what we call a self-assessment analysis which has contributed a lot to achieve high standards of performance from students. They rate themselves and at the end of each quarter and these ratings are compared with teachers' rating. Students strive to do well and the South African Nursing Council recommended this for other accredited schools" (Transcript 4)*

*"Students assess themselves and give scores, if rated low they have to state what plans are in place to improve the standard of performances to reach the high level of achievements" (Transcript 5)*

Some participants revealed that the South African Nursing Council expects them, as heads of the institutions, to do performance appraisals on the teaching staff twice a year. It became apparent that this performance appraisal enhances a high standard of performance and quality teaching and learning. Furthermore, it emerged that the South African Nursing Council uses this performance appraisal as evidence to measure standards of teaching for accredited institutions, as stated in these abstracts

*"This institution conducts a performance appraisal with teaching staff two times a year. Teachers have to submit evidence of what they have done to reach the high standards of teaching and learning. The South African Nursing Council uses these appraisals to measure standards of performance in the institution and that is why we say accreditation a mechanism for high standards of performance" (Transcript 6)*

*"In this institution we do a self-assessment report every quarter and that report is compared to the supervisor's report. This helps teaching staff to maintain high standards of teaching in this institution" (Transcript 2)*

*"The records in this institution are kept accurately because the South African Nursing Council checks them as evidence of what we do every day. They even ask for minutes of the meetings that we have in the institution. Last time they wanted to see the records where we keep all the reports and they even ask if we do conduct self-assessment workshops" (Transcript 3)*

### **4.3.2 The accreditation process**

It emerged from the data analysis that the participants perceived the accreditation process as a journey within which they have to traverse through sub- themes such as: (a) articulation towards success, (b) a rigid structured journey, and (c) a time for self-reflection.

#### **4.3.2.1 Articulation towards success**

Participants revealed that the accreditation process is perceived as a process articulating towards success as the process is a step by step and a multistep formal process involving two different parties, the nursing education institution and the South African Nursing Council in its capacity as the Nursing Education and Training Quality Assurance body (ETQA). Participants explained that the South African Nursing Council performs the external assessment and award accreditation as a result of positive evaluation. However, it was further revealed that the process is perceived as rigid, complicated and uncompromising, as indicated in the following excerpts:

*"This is a very complicated process. We have to apply to different departments and each department has its own sets of requirements and you cannot skip any of these. We have to follow each and every step and each step is strict" (Transcript 3).*

*"When they come for accreditation visit they scrutinize everything, even the safety procedures, and they award accreditation if they are satisfied" (Transcript 1).*

*"There is no compromise in this process. You can repeat and correct one step a hundred times before moving to the next one. These people are so rigid. Even if there is a slightest mistake they discover, they don't give positive results" (Transcript 7)*

*"You can only move to the next step after the South African Nursing Council is satisfied that you have submitted the correct documents with correct information. There is no compromise" (Transcript 5)*

Some of the participants mentioned that the process is stressful and interruptive of the teaching and learning process as the focus has to be shifted from students' teaching and learning to preparations for the accreditation visit. Although participants described the process as harsh, they also perceived it as developmental and supportive. This is supported by the following excerpts from some of the participants.

*"Our school had to be subjected to this harsh process. When they visit the school, they live no stone unturned... this whole process brings about stresses and tension amongst the staff because we have to work overtime. Sometimes we work twenty four hours and even on Sundays trying to put things in order" (Transcript 5)*

*"We are so interrupted from teaching of students when we prepare for accreditation day. We almost sleep at school on the day before the accreditation visit. There is no time to teach students because we become so pre-occupied by papers, trying to put things in order so that there is no mistake. Despite the fact that all our attention was focused on putting things right, they will still look and find the mistake" (Transcript 1)*

*"At the end we realized that we learnt a lot from these people and they gave us support and guidance on how to make corrections. They don't just go away without giving you a guide of how things are done" (Transcript 2)*

#### **4.3.2.2 A rigid structured journey**

It became apparent that the accreditation process is perceived as a rigid structured journey. Participants mentioned that the process is punitive and rigid as no nursing programs can be offered without program accreditation by the South African Nursing Council. This was indicated in the following quotes from some of the participants

*"This process is organized though we perceive it as somehow a punishment because no matter how excellent the institution's teaching and its program delivery methods, but it cannot train them without program approval and undergoing the accreditation process" (Transcript 4)*

*"The South African Nursing Council cannot just visit us without informing us that they are coming on this date and time. That is why we say it is structured and we have to agree in writing that yes they can come we will be ready for them"* (Transcript 2)

*"M--m—m, there is no compromise in this journey. The South African Nursing Council has fixed terms. If there are mistakes and missing information you have to submit it within agreed upon time"* (Transcript 6).

It was revealed that the South African Nursing Council is perceived as a reliable authority to authenticate the quality of teaching and learning in the institutions. Some of the participants revealed that they perceive the process as a way of enforcing uniformity across the nursing education sector. This was indicated in the following quotes from some of the participants

*"The evaluators wanted to see all the files where we keep our records, our policies and procedures, lesson plans, time tables that indicates how the program is delivered and attendance registers. They even looked at the staff CVs to check if the teaching staff is qualified to teach this program. They also look at the teaching portfolios to authenticate quality of teaching and learning"* (Transcript 7)

*"They make use of the check lists, checking how we meet or exceed the expectations that satisfy the requirements for accreditation. We were told that the check list for the process of accreditation is used for all nursing institutions accreditation, and we realized that uniformity is maintained across all nursing education institutions"* (Transcript 2)

*"They even called students to interview them to check if they are actually the students that are registered to learn in the institution. Amongst questions they ask students were questions related to students' satisfaction about methods of teaching in the institutions and they also wanted to know about the quality of clinical facilities and support received from the school while they are doing the practical. I was told by some educators from other provinces that the South African Nursing Council did interview their students as well so this is a uniform procedure"* (Transcript 5).

#### 4.3.2.3 A time for self-reflection

Participants perceived the accreditation process as a self-reflection process. It emerged that the process promotes introspection and self-scrutiny and some participants explained that they are sometimes left bewildered and in the dark as judgments and outcomes of the process can be unforeseen and unpredictable. It became apparent that the process causes a great deal of anxiety. This was indicated in the following quotes from some of the participants

*“Hey sometimes you sit down and scrutinize yourself and do the self-introspection to try identify wrong things that you might have done during program delivery, you try and identify the weaknesses and strengths that might be identified” (Transcript 5).*

*“We become anxious when trying to establish gaps that can lead to failure of the institution. As you do the self-introspection, you develop stress and anxiety, fearing the unknown as sometimes they come with new changes. You remain in darkness until the day you receive the feedback” (Transcript 1).*

*“We sometimes come to a stage where you say why we are exposing ourselves to stress because you worry a lot as the outcome of the process is not known” (Transcript 3).*

Some participants revealed that the process can be a very difficult learning experience, while others revealed that the process creates enthusiasm, perceiving it to be a motivating practice. A few excerpts from some participants were as follows

*“...mmm this is a very nasty learning experience I don’t want even to talk about it. These people are so cruel. Some of them always look for mistakes, even in areas that you know you are good at, instead they prefer not to say anything” (Transcript 6).*

*“For me, I can say I was somehow motivated at the end as we were given positive feedback for the hard work we did. This process gave us more energy to work harder than before as we knew that we are doing the right things and the good work” (Transcript 2).*



*“The whole process is very nasty. The South African Nursing Council representatives somehow want to find mistakes only, they don't give praise where things are done correctly and where praise is necessary” (Transcript 5).*

#### **4.3.3 Perceived benefits of accreditation**

Four sub- themes emerged to describe participants' perceptions regarding the benefits of accreditation. These sub-themes were: (a) institutional benefits, (b) nurse educators' benefits (c) students' benefits and (d) nursing education benefits.

##### **4.3.3.1 Institutional benefits**

Participants perceived that the institutions benefitted from the accreditation process. They explained that the feedback and reports provided by the ETQA after the accreditation process benefit the institutions. They also explained that the opinions of nursing experts and authoritative reports force rectification of identified deficiencies. Some participants mentioned that accreditation enables the institution to reflect and identify its strengths and weaknesses and decide on areas for change. This was indicated in the following quotes from some of the participants

*“We benefit a lot from the accreditation process report because opinions from experts force us to rectify the gaps and deficiencies. Strengths and weaknesses are identified and changes are effected as soon as possible because council puts down time frames for rectification” (Transcript 1).*

*“Accreditation helps us to reflect and identify areas of strengths and weaknesses and the institution has to fix what needed to be fixed and changed. We respect the authority's comments and reports because the institution uses them to correct things” (Transcript 7).*

*“The institution uses all reports and feedback from South African Nursing Council's authorities to fix up the gaps identified and this is seen as benefiting the institutions in terms of quality teaching and learning. We are able to make sure the necessary changes are done” (Transcript 3).*

Participants further explained that after the accreditation process, institutions devise strategies to ensure that identified strengths are maintained and problems are

addressed as these are monitored and audited periodically by South African Nursing Council. It became evident that these strategies promote the internal quality culture. Participants mentioned that once an institution has been accredited, it is looked up to as an example of best practice and networking opportunities. Furthermore it was revealed that accreditation creates a positive image of credibility for an institutional program, as evidenced by some of the following excerpts from the participants

*“After accreditation we had to put strategies in place to address problems that are noted by South African Nursing Council because they monitor the changes time and again and these strategies enforce our internal quality. Our clients respect this college because they know that the curriculum is accredited” (Transcript 6)*

*“This college is well respected by students and community because of its accreditation status, students even say good things about our institution to other students because of the quality of our teaching practice” (Transcript 5).*

*“Our institution is well respected because students know that all programs that are offered are accredited, and council now and then come and inspects the school. The South African Nursing Council visits help the school to maintain the quality all the time” (Transcript 2).*

Participants expounded that their institutions are trusted by their customers and other stakeholders as they have the necessary license to offer nursing programs. Some participants revealed that the accreditation process ensures a whole range of resources, namely adequately qualified human resources, data systems and infrastructure. Furthermore it was mentioned that the public is assured that an accredited institution has clearly defined appropriate objectives, and the institution maintains conditions for achievement of these objectives and their accomplishment. This was indicated in the following quotes from some of the participants

*“Various stakeholders, students and the public has trust for this institution because they know that we have a license to train nursing programs and they are aware that we have enough teachers to teach as we always fight to achieve our objectives” (Transcript 4).*

*"In this institution we have every teaching aid that is needed to teach students. When the council visits us, they want to see our infrastructure, things like library; computer laboratory and they even requested to see the teaching staff CVs"* (Transcript 3).

*"Ey...It was very difficult when we were developing the curriculum because we had to state our vision, mission and our objectives. Now it is always monitored that our teaching and learning is still in line with our objectives. They also check if we are getting closer to achieving them or not if not we need to evaluate and be able to identify the problem"* (Transcript 6).

Some participants mentioned that their approved standards function as a lever for change and reform in the institution and these standards are used as basis for evaluation and measurements of teaching and learning quality. It emerged that accreditation promotes standardization and improves effectiveness and quality of teaching and learning. Some participants mentioned that subject benchmarks used in developing programs are enhanced by accreditation, as indicated in the following excerpts.

*"We regard our approved standards as an important tool for change and reform because they are used as the measurement for quality of our teaching and learning, also the standardization of procedures were enhanced and subject benchmark improved as well"* (Transcript 1)

*"Hey, you know accreditation status has brought along many beneficial changes and transformation for this institution. Procedures are standardized and our teaching is effective now. This has also contributed positively to our subject benchmarking in development of curriculums"* (Transcript 4).

*"Accreditation standards in this institution are made to monitor and evaluate the quality of our teaching and learning practice. We are also comfortable because we know that our standards of teaching and learning are the same and equal to all accredited institutions"* (Transcript 3).

It also became evident that the accreditation process allowed the institutions a certain amount of flexibility to design their curricula according to the needs of the local community. This was indicated in the following quotes from some of the participants

*“The South African Nursing Council lays down criteria to guide and direct the institution on how to develop an appropriate curriculum. The curriculum should address the needs of our local community” (Transcript 3).*

*“A situational analysis was conducted before we started developing our curriculum to identify the needs of our local community. The program that we offer in this institution was made to meet the needs of this community, which is the shortage of nurses in hospitals around and in the clinics. More especially, we don’t have enough registered nurses so we have developed a curriculum that is going to bridge a staff nurse to become a registered nurse” (Transcript 7).*

*“We also are now going to add midwifery qualification because we have that flexibility to design programs according to the needs of the local community. We have identified that the rate in teenage pregnancy is high amongst this community” (Transcript 6).*

#### **4.3.3.2 Nurse educator’s benefits**

Accreditation was perceived as having benefits to nurse educators in the institutions. Participants explained that accreditation clarifies the necessary standards and promotes the accountability of nurse educators to students and stakeholders. It emerged that quality does not come from the institution, but from the work of dedicated individuals in the institution, as indicated in the following excerpts

*“According to my perception, accreditation is meant to encourage nurse educators to clarify necessary standards and promote accountability to students and other stakeholders. Each educator is dedicated to maintain the quality of this institution and to hold the institution’s flag higher” (Transcript 2).*

*“Accreditation is a benefit to nurse educators because nurse educators have to clarify standards. These standards promote accountability to students and other stakeholders” (Transcript 5).*

*"It is not just the institution that provides quality here, but quality comes from each and every one of us. We are so dedicated to our students because we know that if they don't pass at the end of the year we will all carry the blame and the community will not trust the institution" (Transcript 6).*

It also became evident that accreditation assists nurse educators to define educational guidelines, clinical guidelines and standard operating procedures to be able to assess performance compared with selected performance standards as well as take tangible steps towards improving program delivery. This was indicated in the following quotes from some of the participants.

*"Accreditation helps us as nurse educators to define educational guidelines, clinical guidelines as well as standard operating procedures so as to be able to assess performance and take steps to improve teaching" (Transcript 1).*

*"We do benefit from accreditation because as we define guidelines and standards we are able to compare our performance with selected standards and in that way improve our teaching and program delivery improves" (Transcript 3).*

*"Since we got accreditation, we as nurse educators are now able to use the guidelines in teaching theory as well as in practical situation. Standard operating procedures help to maintain high standards and high quality" (Transcript 6).*

It became apparent that accreditation provides counsel and assistance to nurse educators and hence encourages improvement through continuous self-study. It also emerged that the South African Nursing Council encourages members of the staff in accredited institutions to further their studies and upgrade their qualifications, thus not only ensuring that the students have well qualified teachers, but also giving the staff opportunities for promotion. Participants explained that nurse educators in accredited institutions are trusted by students, parents and by society in general. This was indicated in the following quotes from some of the participants

*"We receive continuous assistance and support from the South African Nursing Council. They always encourage us to improve ourselves as accreditation promotes articulation and credit transfer which means there is an upwards mobility, and again we are trusted by the society at large" (Transcript 2)*

*“...Well I can say yes accreditation is a benefit to us because we do have support from them, they always motivate us to study further because the sky is the limit. We can even be involved in research and move up the ladder with the credits” (Transcript 4).*

*“Students even from outside this province do trust this institution because of the high pass rate of our students and parents who are paying the fees have trust in the quality of this institutions teaching and learning” (Transcript 7).*

Some of the participants revealed that accreditation has been found to be cost effective since it promotes confidence, improves communication and fosters a clear understanding of educational practice needs and expectations. Participants further revealed that accreditation provides nurse educators with the necessary means of gauging current performance levels. Furthermore it became apparent that accreditation promotes satisfaction and motivation in nurse educators and has proved its value in conveying the importance of maintaining a high standard of excellence to individuals who are nursing care recipients. A few excerpts from some participants are as follows

*“Accreditation is cost effective as our confidence is promoted and we now clearly understand the needs of education and what is expected of us. We are also provided with tool to gauge our practice. We are satisfied and motivated and nurses from our school deliver excellent patient care” (Transcript 6)*

*“We have gained confidence through accreditation as we are provided with measurement tools, oh yes we are satisfied and even more motivated. Even though the process is costly, but we think that this is a cost effective process” (Transcript 5).*

*“We are now even able to explain to our patients how nurses trained in this institution manage to provide excellent nursing care as we always receive those positive feedback from institutions where our students are employed” (Transcript 3).*

#### **4.3.3.3 Student benefits**

Accreditation was perceived to have benefits to students. Participants revealed that students consider accredited institutions to be examples of best practice, recognizing their programs as reliable, competent, excellent and of good quality. Participants stated

further that graduates from accredited institutions are highly regarded in the workplace and sought after as it is commonly perceived that they are reliable and have received an excellent grounding in health care. Below are excerpts from some of the participants.

*"We have a long waiting list because students regard our programs as reliable This institution is regarded as the best and the programs that we are offering are accredited therefore they always say the institution is excellent and it produces quality nurses" (Transcript 3).*

*"These days' employers are keen to employ nurses that received the training from an accredited institution because they know that accredited institution offers quality programs as the institutions get scrutinized by South African Nursing Council time and again. Students are confident about the school and the programs offered" (Transcript 2).*

*"Hey, our graduates are the best. Hospitals have confidence in our students and our graduates are given first preference amongst the huge number of applicants because we are regarded as offering reliable programs" (Transcript 4).*

Participants explained that nurses have a vital role to play as they are constantly dealing with patients and therefore have to have the necessary skills and knowledge to carry out their duties. The quality assurance of the accreditation process ensures that the private institutions equip the nurses with these. Participants said that it was evident that feedback from the community reveals that the institutions produce quality nurses who are able to function independently, as indicated in the following excerpts

*"We all know that nurses are the ones that are next to patients all the time and even when doctors are not around. Therefore they should have excellent skills and knowledge to provide care to the patients. Therefore quality training of nurses is paramount to avoid medico legal hazards. Nurses from this institution are the best, this is the feedback we always receive from the community" (Transcript 2).*

*"The community is always telling us that nurses graduated from our institution are able to work as independent practitioners because the accrediting body makes it a point that quality is maintained at high levels all the time in our institution as an accredited institution" (Transcript 5)*

Participants further revealed that accreditation protects students from exploitation by private nursing institutions using false and misleading advertising and marketing material. Some participants explained that accreditation safeguards students against illegal private nursing institutions which falsely claim to offer programs leading to enrolment as nurses when, in fact, graduating students cannot be registered as nurses because the institution is not accredited by the South African Nursing Council. This is evident in the following few excerpts from participants.

*“I was trying to say that students benefit from accreditation because they are safeguarded from exploitation by illegal institution that uses fraudulent misleading advertising material. These schools claim to train nursing programs, but at the end the students are not registered as nurses with the South African Nursing Council”*  
(Transcript 6)

*“Other illegal schools use incorrect information to recruit students. They tell students that they train nurses and they make them pay money, yet at the end of training there are no nursing certificates and students cannot be employed as nurses without certificates from the South African Nursing Council ”* (Transcript 2)

Some participants explained that accreditation promotes mobility of students to higher NQF levels. It also emerged that accreditation promotes flexibility, articulation of programs and degrees by the credit transfer system and credits accumulation. Participants revealed that accreditation establishes an evidence based education that reveals the authenticity of the students’ competence, hence creating consistency and development of performance evidence, as stated in the following abstracts.

*“I’m trying to explain that accreditation helps students to be able to move to higher levels and move with credits to other programs because credits accumulate and they can be transferred as long as the institution is accredited”* (Transcript 5)

*“We see accreditation as a benefit to students because consistency is promoted, and the evidence of competency is demanded all the way as we have to account for what we have taught students and this performance evidence leads to authenticity of the outcome”* (Transcript 7).



*"I can say students benefit a lot from institutions accreditation status because they are easily employable as they are regarded as quality" (Transcript 6)*

#### **4.3.3.4 Nursing education benefits**

Participant's perceived accreditation as beneficial to nursing education as the process stimulates a review of all functioning parts of the nursing education system. Some participants mentioned that accreditation creates a positive image and credibility for nursing education programs. This was indicated in the following quotes from some of the participants

*"Accreditation has a benefit to nursing education as a whole because the South African Nursing Council evaluates all systems in the institution, even security and safety measures" (Transcript 7).*

*"The positive image and credibility of the institution and its programs is created by accreditation status of the institution" (Transcript 4).*

*"Yes, nursing education benefits a lot from accreditation as the image and credibility of programs is promoted by accreditation" (Transcript 3).*

*"This accreditation is good because even the South African Nursing Council cannot do things anyhow because they know that there are officials above them who audit their work. Therefore they always make it a point that all accredited institutions maintain quality teaching and learning at all times" (Transcript 6).*

It emerged that accreditation fosters excellence through development of criteria and guidelines that encourage improvement through continuous review of the system, thus assuring other faculties in education, the community and the general public that nursing education has appropriate, clearly defined objectives and maintains conditions for achievement. Furthermore, participants revealed that accreditation helps to guarantee the improvement of nursing education at different levels, as indicated in the following abstracts

*"Accreditation stimulates continuous review of the guidelines and criteria and other faculties are aware that nursing programs have clearly defined objectives. The*

*institutions accomplish all its set objectives and accreditation assists to guarantee quality improvement at all levels” (Transcript 2).*

*“Institutions that are accredited provide excellent training because they work according to set criteria and set guidelines, and the institutions that are accredited are aware that they are being monitored at all times” (Transcript 3).*

*“We all know that the community and the general public is observing our institution to check if we still maintain high standards of teaching and learning at all times as they know that things are changing all the time and we need to move with times” (Transcript 1).*

It became apparent that through accreditation, the on-going evaluation of existing curricula addresses problems that have been identified and ensures that the quality of nursing education in South Africa is consistent with international standards. This was indicated in the following quotes from some of the participants

*“I perceive accreditation as a benefit to the entire nursing education in South Africa because standards and accreditation components keeps on evaluating the programs and help to fix the problems which result in quality teaching and learning, and nursing education competes at a global level. Accreditation brought together nursing education to become coherent” (Transcript 2)*

*“Oh yes, we are able to compete globally because accreditation made nursing education to be one coherent system with the same high standards and high quality programs that can compete in the global higher education market” (Transcript 1)*

It was further revealed that graduates from South African nursing education institutions are easily marketable throughout the world because of their high quality and competency. It was explained that this phenomenon is brought about by the improved and transformed nursing education system. A few excerpts from some participants are as follows

*“We produce high caliber of nurses that are at the world class level because of the improvements and transformation brought by accreditation in nursing education.*

*Graduates from South African nursing education institutions are easily marketable throughout the world” (Transcript 2).*

*“It is known that nurses who receive training from our accredited institutions are very good. They provide quality patient care and this is as a result of the high standards set for accredited institutions in this country. This is brought about by the transformation in nursing education system “(Transcript 5).*

#### **4.3.4 Challenges of the accreditation process**

The participants revealed that the accreditation process has lots of challenges and the process is not perfect. It emerged that although the process is geared towards creating an image which promises quality teaching and learning, the process is disjointed, not always consistent and that certain gaps, such as the lack of quality patient care outcomes, have been identified. This was indicated in the following quotes from some of the participants

*“No ways, accreditation has lots of challenges and the process is not perfect at all. No matter how hard you work there will always be something wrong. Quality of all nursing education is assured to the public yet no quality patient care outcomes are included, evaluation of quality of patient care by nurses from accredited institutions must be included...” (Transcript 2)*

*“With accreditation we are never commended, we are always made to feel inferior and feel that we are not perfect, whereas it is the process of accreditation that is not perfect. When you think you have mastered something, next time it is changed. Things are changing every day. I think the reason is that the process is disjointed” (Transcript 1)*

Some participants revealed that the institutions do not always implement the recommendations of the accreditation committee right away and become complacent in the knowledge that next scheduled visit would be in five or seven years. It also emerged that some objectives accepted by accreditation committee are impractical. A few excerpts from some participants are as follows.

*"There is lot of work to be done after accreditation visit. Sometimes we don't even get time to look at recommendations and compliments due to high volume of work. One has to touch it when they visit the institution after five or seven years"*  
(Transcript 4)

*"No one makes follow up to check if suggestions made were implemented"*  
(Transcript 1)

*"I can say sometimes objectives set and accepted by accreditation committee are not practically doable and you find that after accreditation we are unable to implement them exactly the way they are stipulated and you continue do things the way you have been doing it because there is no guidance"* (Transcript 6)

It emerged that certain criteria of the accreditation committee is sometimes unclear. Some participants revealed that the peer review system causes conflict of interest amongst the staff. It also emerged that accreditation checks on the quality of the assembly line instead of checking on the quality of production outcomes, which are the students' achievements. This was indicated in the following quotes from some of the participants

*"Other things like criteria set by accreditation committee are not clear. There is conflict of interest amongst the staff due to peer review system as needed to enhance quality. Accreditation criteria only focus on the way things are done instead of checking quality in student's performances and student's achievements"*  
(Transcript 7)

*"Accreditation sometimes creates unnecessary competition amongst the staff within the same institution which at some stage causes unhealthy attitudes amongst the staff and this affects the teaching and learning"* (Transcript 5)

Furthermore, it was revealed that the accreditation process is costly in terms of finance, time and human resources. Participants explained that the number of students is limited per cohort of students and that the institution should have insurance for each student, the rents are high and that private nursing institutions are expected to pay for airline tickets, transport to and from airport, accommodation and refreshments for nursing council evaluators. Participants complained that extra staff was needed to deal with the

accreditation process and that much time is spent on preparations for accreditation visits, as stated in the following abstracts

*“Accreditation is costly because the institution pays for the flight, pays for transport from the airport to school, and pays for accommodation and food for nursing council evaluators. We have to employ more staff so that some focus on teaching and some to prepare for accreditation” (Transcript 3)*

*“This process is costing the institution a lot of money since we have to transport these people from airport, from the airport to the school and pay for their accommodation and provide them with food a lot of money was spent on employing additional staff” (Transcript 1)*

*“We are forced by law to take insurance for each student that is in the institution, this procedure is taking a lot of money because you can’t use that money for anything” (Transcript 6).*

*“We have a limited number of students to take per group a lot of money is used to pay the rent because we don’t own the building, and yet we still have to pay for this expensive process” (Transcript 3)*

Furthermore, participants revealed that accrediting bodies don’t offer help when it is needed and the whole process is destructive to systems of teaching and learning. Participants said that the evaluators practiced favoritism and biasness, exacting and condescending, which they believed was detrimental to the outcome of the process. A few excerpts from some participants are as follows:

*“Accreditation doesn’t offer help when help is needed .These people are biased and they have favoritism. This process is so disturbing it make us to neglect our students and concentrate in paper work which at the end will not make student to pass” (Transcript 5).*

*“The whole procedure interrupts teaching and learning which the key focus of the institution. The process involves a lot of paper work that needs your whole attention. I don’t know, but other people are not treated like we are treated. Sometime we appear as if we are not professional nurses, we like we don’t know what we are doing “(Transcript 7).*

Participants further explained that the accreditation process is not consistent. They were of the opinion that credits transfer, credits accumulation, articulation and progression is not practicable as accredited nursing education institutions are in competition with each other and there is very little continuity in the process, as stated in the following abstracts:

*"I really don't know why the accreditation process is not smooth. Sometimes they say they want this, next time they are changed it's not what they want last time. In principle they talk about transferring of credits but this has never happened even if the student has trained in an accredited institution" (Transcript 3).*

*"It is not easy for our students to transfer or upgrade themselves in other colleges because colleges are competing with one another. Other institutions think they better than another and this takes place on the expense of students" (Transcript 4)*

*"The accreditation process is not consistent and it is not continuous. I hate it" (Transcript 2)*

It became apparent that accreditation is a lengthy process that can take up to three years to be completed. Participants revealed that documents sometimes disappear along the way and that this delays the process .A few excerpts from some participants are as follows

*"This is a very lengthy process. It can even take three years. Sometime they lose our documents and you have to send them again, for me this is the main cause of the delay" (Transcript 3).*

*"We don't like this accreditation at all because it take a year before you can know whether the institution is going to be given the license to train nurses or not" (Transcript 5) .*

*"I really don't understand why the whole process is so slow; it took us almost three years to get accreditation after the initial visit. One document can be requested more than two times even if you tell them that the document was submitted" (Transcript 6).*

#### 4.4 CONCLUSION

This conclusion summarizes the main categories and sub-categories which emerged from these study findings. The findings of the study reveal that the concept accreditation was conceptualized *firstly* as a vehicle for licensing private nursing education institutions and the programs the institutions are offering; *secondly*, as a mechanism to safeguard the students and the public from exploitation by illegal learning institutions claiming to provide nursing training without a license from the South African Nursing Council; *thirdly*, as a tool for quality management and quality assurance; and *fourthly*, as a mechanism of ensuring high standards of performance.

The participants' perceptions of the accreditation process emerged as three sub-themes, which included (a) articulation towards success; (b) a rigid structured journey; and (c) a time for self-reflection.

Accreditation was perceived as being beneficial to (a) the institutions; (b) the nurse educators; (c) the students; and (d) nursing education

Various challenges were identified with respect to the process of accreditation. These included: (a) the process is not perfect; (b) the process is lengthy; and (c) process is exorbitant in terms of time, finance and human resources.

## **CHAPTER FIVE**

### **DISCUSSION OF THE FINDINGS**

#### **5.1 INTRODUCTION**

In this chapter, the researcher discusses and interprets the key study findings presented in the previous chapter in terms of empirical literature. The purpose of this study was to explore the perceptions of the heads of private nursing education institutions on the accreditation process of the Nursing Education and Training Quality Assurance body,(ETQA) in the eThekweni District of KwaZulu-Natal.

Briefly, this chapter will be presented in terms of the following themes and sub-themes: conceptualization of accreditation as (a) a vehicle for licensing nursing education institutions, (b) a mechanism to safeguard learners and the public, (c) a tool for quality management and quality assurance and (d) a mechanism of ensuring high standards of performance; the accreditation process; accreditation benefits; and accreditation challenges.

#### **5.2 CONCEPTUALISATION OF ACCREDITATION PROCESS**

The subthemes that emerged to conceptualize the phenomenon included: (a) a vehicle for licensing nursing education institutions and the programs they offer, (b) a mechanism to safeguard learners and the public, (c) a tool for quality management and quality assurance and (d) a mechanism of ensuring high standards of performance.

##### **5.2.1 A vehicle for licensing nursing education institutions and the programs they offer**

It emerged from the findings of this study that accreditation was conceptualized as a vehicle for licensing nursing education institutions and the programs they offer. Supporting these findings, Bezuidenhout (2005) is of the view that accreditation is a process of external quality review used to scrutinize institutions and their programs to ensure quality and to encourage quality management and quality assurance by ensuring that standards and criteria exist against which quality judgments are based. According to Bezuidenhout (2005) institutional standards relate to institutional



structures, processes and procedures and these criteria and standards are informed by SAQA and ETQA's requirements for the management of quality. Similarly, Van Damme (2002) is of the same view that nursing education institutions and their learning programs are scrutinized by ETQA to check the degree to which the institutional structures and learning programs meet the set standards and criteria. Van Damme (2002) states that nursing education institutions meeting all set standards and criteria are issued with a license to run training programs leading to registration and practicing as a nurse.

The findings of this study revealed that through the in-depth scrutinizing of the nursing education institutions by SANC, nursing education institutions in the eThekweni district developed quality learning programs aligned to the missions and vision of the institutions, which addressed the needs of the local communities. Carmichael (2001) asserts that nursing education institutions should develop sound policies and procedures to guide the learning program delivery as well as teaching and learning performances. Dill (2000) supports this notion, arguing that private nursing education institutions have to develop good record keeping systems, recruit adequately qualified staff to provide teaching, recruit qualifying students to study the programs, and develop quality learning material and reliable assessments.

The findings of this current study revealed that private nursing education institutions in the eThekweni district recruited adequately qualified teaching staff to deliver the learning programs as well as recruiting students who meet all the entry requirements to study their learning programs. Participants conceptualized the licensing of the nursing education institutions as a positive outcome of the SANC accreditation visit as it enabled these private nursing education institutions to offer learning programs leading to registration and practicing as a nurse.

Furthermore, findings in this study revealed that private nursing institutions in the eThekweni district utilized the results and positive feedback from the SANC accreditation visit in management of change and enhancement of quality of teaching and learning. It also emerged from the findings of this study that accreditation was conceptualized as

vehicle for licensure, as private nursing education institutions maintained continuous quality provision as they are closely monitored and periodically audited.

As pointed out by Eaton (2012) private nursing education institutions get accredited to conduct the program or programs after it has complied with all requirements of the ETQA and the Acts that make provision for the accreditation of education and training providers. Findings in this current study revealed that private nursing education institutions in the eThekweni district complied with all requirements of the ETQA and therefore the learning programs they offer were approved by the South African Nursing Council as an ETQA.

Tam (2001) is of the notion that nursing education is generally influenced by social and political changes. Bender (2006) makes a similar point that the political changes in South Africa in the post-apartheid era resulted in the adoption of an educational system that responds to the needs and demands of a changed society (Bender,2006).The changes in nursing practice to meet the needs of all the people in a democratic South Africa have had an impact on the health care delivery system as well as the preparation of nurses to serve in the new health care system. Findings in this current study revealed that students graduating from accredited nursing education institutions in the eThekweni district are competent and knowledgeable and will therefore be in a position to meet the demands, rights and freedom of patients' access to health care services.

The SANC (2001) pointed out that nursing education in South Africa has been under increasing pressure during the past few years to produce nurses who are capable of working in a changing environment influenced by technological advancements as patients' information is stored in computers in some health facilities. It was revealed from findings in this current study that technological competence was one of the criteria for licensing private nursing education institutions and the institutions that were studied had responded positively to this call by establishing new methods of teaching and by providing computer laboratories to equip students with basic computer skills. Some of the private nursing education institutions in the eThekweni district had adopted the discovery method of teaching and learning whereby students are required to discover

information on their own to encourage full participation in their learning and to activate their thinking SANC (2001).

The findings in this current study also revealed that nursing education institutions' quick response to the call by the SANC resulted in the accreditation of the institutions, which was conceptualized by participants as licensing of the nursing education institution and the learning programs they offer.

It surfaced from the findings of this study that private nursing education institutions in the eThekweni district had to develop learning programs and submit them to the SANC for evaluation. These learning programs had to meet the ETQA's standards and criteria for program evaluation before they became accredited. Participants conceptualized this phenomenon as a vehicle for licensure of their nursing education institution.

In line with these findings, Young (2007) distinguishes between two categories of programs, formal learning programs and informal learning programs. Young (2007) asserts that formal learning programs are national qualifications and, as such, are registered on the National Qualifications Framework (NQF) and have formal South African Authority (SAQA) identity numbers (South African Qualifications Authority, 1998). These learning programs have fixed credit values and are presented at fixed NQF levels. It emerged from the findings of this study that participants conceptualized accreditation as a vehicle to license their private nursing education institutions as they were able to start offering the accredited learning programs as formal NQF registered programs after they had been approved by the SANC.

It was further demonstrated in findings of this study that accreditation was conceptualized as a vehicle for licensing private nursing education institutions as a relationship was established between the ETQA and nursing education institutions in terms of which a program of continuous audit and quality improvements was established to ensure that the learning programs are continually updated to meet the demands of changing societal needs and a changing disease profile (South African Nursing Council, 2001).

### **5.2.2 A mechanism to safeguard learners and the public.**

It became evident from the findings of this study that accreditation was conceptualized as a mechanism to safeguard the learners and the public from exploitation by illegal training institutions providing unaccredited learning programs. Ng (2008) asserts that unaccredited learning programs are not recognized by the regulating body of the nursing profession. Massy and French (2001) support this view, arguing that students trained by unaccredited institutions cannot register with the SANC and practice as nurses. It was revealed in the findings of this current study that there has been a mushrooming of illegal training institutions that are exploiting learners and the public by claiming to provide learning programs that are not accredited.

Lim (2001) is of the same view that accreditation encourages responsibility and accountability as the ETQA continuously monitors and audits quality of teaching and learning. The findings of this study revealed that accredited nursing education institutions have a responsibility and accountability to the SANC to provide and maintain high quality teaching and learning. Furthermore, this study found that the nursing education institutions that were studied in the eThekweni district are safeguarding the students and the public by providing SANC approved learning programs in order for the students to receive NQF registered qualification certificates that permit them to practice as nurses.

It also emerged from findings that accreditation was conceptualized as a mechanism to safeguard learners and the public as learners qualifying from these accredited nursing institutions in the eThekweni district are highly regarded as competent nurses offering quality patient care.

This study revealed that participants conceptualized accreditation as a mechanism to safeguard learners' rights as it necessitated policies to be put in place for students to appeal if not satisfied with teaching delivery and assessment results. Private nursing education institutions in the eThekweni district have gained the trust of learners and the general public as a result of their SANC accreditation because they provide accurate information regarding the quality of education offered and available accredited learning

programs. Parry (2002) asserts that a learning program accreditation award is valid for a maximum period of six years, after which the accreditation expires. This is in line with the founding document of the Council on Higher Education,(2001) which states that learning programs outside the accreditation cycle are expired and invalid. The same founding statement states that students trained after the learning program's expiry date have been trained on an invalid learning program and therefore cannot be issued with an NQF registered certificate (Council on Higher Education, 2001).

Findings of this current study demonstrated that participants conceptualized accreditation as a mechanism to safeguard learners and the public as nursing education institutions in the eThekweni district provide the public with accurate information regarding available learning programs, as well as providing valid learning programs that fall within the accreditation cycle. It was further demonstrated from findings in this study that the fees of accredited nursing education institutions are specified by the SANC to protect and safeguard students from exploitation by private nursing education institutions charging learners exorbitant amounts of money.

As pointed out by Singh (2000) information related to quality of education is used in favor of public accountability and therefore norms and standards should be closely monitored and maintained and be transparent to the public. This study found that accreditation acts like a watchdog as it has the authority to close down institutions which do not comply with the norms and standards of the ETQA.

Furthermore, this study revealed that the SANC also checks that staff responsible for teaching are suitably qualified and have sufficient teaching competences and qualifications higher than the exit level of the learning program to safeguard students and public from exploitation by teaching staff that are under qualified and could not offer quality teaching.

### **5.2.3 A tool for quality management and quality assurance.**

Chung Sea Law (2010) suggests that the rapid expansion of academic provision resulting from the reforms has made it necessary to address the phenomenon of quality, and questions whether quality has been sacrificed for quantity. Smith et al. (2008) are of

the same view that more attention needs to be paid to student learning in the form of internal quality monitoring and quality assurance. It surfaced from this study that participants conceptualized accreditation as a tool for quality management and quality assurance as nursing education institutions at eThekweni district used the positive feedback from the SANC accreditation visits to strengthen and enhance the quality of teaching and learning. Furthermore, this study found that gaps identified during SANC accreditation visits were addressed immediately while students still had the opportunity to derive the maximum benefit from the learning experience made available to them.

In line with these findings, Mgbekem and Samson-Akpan (n.d) maintain that quality management and quality assurance are as old as modern nursing. Supporting the quality management and quality assurance discourse, Tam (2001) affirms that in 1860 Florence Nightingale introduced the concept of standards to manage quality in nursing education institutions. It is further stated that a nursing education institution was established to train those who were to give care to the public to equip them with knowledge and skills. Findings in the current study revealed that nursing education institutions in the eThekweni district have developed well written nursing standards and criteria that were informed by SAQA and complied with the standards of the SANC. These standards are used as yardstick to continuously measure the quality of teaching and learning in the institutions and lay down the minimum requirements for learning program input, processes, output, impact and review.

This study also revealed that the SANC provides technical assistance in designing and implementing effective strategies for monitoring quality and correcting systemic deficiencies and also refining existing methods for ensuring optimal quality teaching and learning. Furthermore, findings in this study revealed that nursing education institutions in the eThekweni district used the technical assistance provided by the SANC in the best possible ways to achieve optimal quality in their teaching and learning.

The findings of this study demonstrated that participants conceptualized accreditation as a tool for quality management and quality assurance as it also surfaced that the technological assistance of the SANC helped accredited nursing education institutions in the eThekweni district to create benchmarks to measure the quality of the existing

programs, develop new programs and maintain internal quality control. It was also found that accredited nursing education institutions in the eThekweni district apply quality control measures in every step of the way.

In these study findings, it became evident that institutions' internal review committees continuously reviews programs and audit teaching portfolios, lesson plans and student assessments for quality control and quality management purposes. Supporting this notion, Anderson (2006) posits that internal audits of the nursing education institution improves the quality of teaching and learning of the nursing education institution as it periodically measures the quality of teaching and learning and further measures development towards compliance.

Findings in this study demonstrated that participants conceptualized accreditation as a tool for quality management and quality assurance as internal auditors were appointed based on their knowledge, experience and skills in terms of nursing education and assessments and monitoring. Aligned to this, Doherty (2008) asserted that auditors need to be trained on the audit process and that internal audit team should be selected on a rotational basis in order to assure quality in the nursing education institution. This study found that the external audit team included one audit officer and an audit administrator who thoroughly scrutinized the records to ensure that the nursing education institutions adhered to quality nursing education standards prescribed by the SANC.

Jones and De Saram (2005) are of the opinion that student assessments have a critical influence on the quality of teaching and learning and can be used as powerful point of leverage for quality management and quality assurance. Findings in this study demonstrated that participants conceptualized accreditation as a tool for quality management and quality assurance as nursing education institutions in the eThekweni district changed their assessment philosophy, approaches and methods as these are central to curriculum restructuring of learning programs of accredited institutions. Findings also revealed that the curriculum task teams engaged themselves in a continual process of designing optimum assessment methods ensuring alignment with new learning and teaching methods to ensure students learning behaviors were

compliant with the desired outcomes, which were competency in both theory and practice. This is in line with Harvey (2004), who asserted that high fidelity assessments of clinical competences in the clinical learning facilities are to be ensured as students have to translate theory into practice.

Further evidence that participants conceptualized accreditation as a tool for quality management and quality assurance is that private nursing education institutions in the eThekwin district recruited adequately qualified preceptors and student mentors who had knowledge, skills and clinical experience. This is in line with the views of Grant and Mergen (2002) who pointed out that policies and procedures should be in place to monitor students' progress in clinical learning facilities. This study revealed that recordings of assessment practices in clinical learning facilities existed in these accredited nursing education institutions at eThekwin district, which confirmed the rigor, validity and reliability of the assessment tools.

#### **5.2.4 A mechanism of ensuring high standards of performance.**

Harvey and Newton (2007) are of the opinion that opportunities must be available in the nursing education institutions for extra tuition and individualized learning support for students who are struggling to become competent to assist them to reach high standards of performance. Harvey (2004) asserts that remedial learning programs and remedial lessons must be developed to assist students to reach their maximum competence.

The findings of this study demonstrated that participants conceptualized accreditation as mechanism for high standards of performance as it became evident that the private nursing education institutions had developed remedial lessons for underperforming students to assist them to reach high levels of performance. It also became evident that opportunities exist in these nursing education institutions for students' input and participation in some of the activities of the program to ensure high standards of performance.

According to Massy and French (2001) the multilingual nature of certain societies poses a major barrier for students studying at a tertiary level in a second language, as is the



case in KwaZulu-Natal. Findings showed, however, that students were assisted in developing their language skills in the language of instruction by integrating strategies for language development with the mainstream curriculum content, thus enhancing their disciplinary discourse. This is in accordance with the views of Koch (2003) who argues that opportunities for development in the language of learning should be available to students and that it should be integrated to the mainstream curriculum content.

It also emerged from the findings of this study that the staff receive incentives for a job well done to enhance quality program delivery and high standards of performance.

### **5.3 THE ACCREDITATION PROCESS**

In this study, various sub-themes emerged which described the participants' perceptions regarding the process of accreditation. These included: (a) articulation towards success, (b) a structured procedure, and (c) a process of self-reflection.

#### **5.3.1 Articulation towards success.**

Findings in this current study revealed that participants perceived the accreditation process as having steps that articulated towards success as the nursing education institutions had to follow a process of document submission and institutional evaluation by the SANC before they received accreditation.

Lemaitre (2002) asserts that the accreditation process is a step by step, formal process involving two different parties, the nursing education institution and the ETQA. This notion is supported by Cedefop (2009) wherein it is stated that the accreditation process is a multistep process involving two different parties, the private nursing education institution and the ETQA. This current study demonstrated that participants perceived the accreditation process as articulating towards success as nursing education institutions followed a step by step process to accreditation which started by submitting written applications to the SANC requesting accreditation of the nursing education institutions, including the learning programs to be offered, and these applications explained how the learning program will meet the prescribed standards and conditions for education and training. Asmal (2001) explains that nursing education institutions

must register with UMALUSI, which is the Council for Quality Assurance in General and Further Education and Training in South Africa and with the Department of Education. This findings of this study established that the nursing education institutions that were represented in the study were indeed registered with both UMALUSI and the Department of Education. Participants in the study were aware that accreditation would not have been granted if the institutions had not registered with these relevant departments.

Mtshali (2010) states that private nursing education institutions are subjected to two phases leading to accreditation. The HEQC (2002) refers to these stages as the candidacy phase and the accreditation phase. Mtshali (2010) further assert that nursing education institutions should provide evidence that they have fulfilled the SANC's criteria for the candidacy phase, which are minimum standards related to the input criteria. It was noted in this current study that the private nursing institutions in the eThekweni district had submitted plans and strategies for the implementation of their new learning programs, which met the requirements for the candidacy phase of accreditation. The findings also revealed that participants perceived the accreditation process as articulation towards success as these plans and strategies submitted to the SANC included implementation plans with time frames and budgetary allocation for each step.

Furthermore, findings revealed that nursing education institutions also submitted institutional strategies to the SANC, which demonstrated how the SANC criteria for learning program progress, output and impact and review were met in the accreditation phase of their new learning program. Findings in this current study demonstrated how nursing education institutions followed the step by step process articulating towards success.

The CHE (2002) report states that program accreditation criteria are classified in numerous ways, one of which is institutional self-evaluation of the learning program against the ETQA criteria for the accreditation phase, which includes the learning program input, process, output and impact, and review. The Institutional Audit Framework of the HEQC (2002) stipulates that nursing education institutions should

submit a program improvement plan to address areas in need of attention that have been identified in the self-evaluation of the institution.

According to Mtshali (2010) a learning program obtains accreditation status when an institution's submission has been approved by the SANC. This current study found that nursing education institutions in the eThekweni district obtained accreditation status after the SANC had approved a self-evaluation of the learning program, including learning program input, process, output and impact, and review, which met all the requirements of the accreditation phase.

### **5.3.2 A rigid structured journey**

Mtshali (2010) asserts that accreditation forms part of the interconnected quality assurance system and that the SANC requires nursing education institutions to meet a series of criteria which have been developed to ensure that nursing education institutions are able to deliver a quality education and training service and to protect the students' rights.

It surfaced from findings in this study that nursing education institutions in the EThekweni district had met all the criteria that led to the accreditation of their nursing education institutions, but that the participants perceived that the accreditation process had been a rigid structured journey. They explained that the SANC had scrutinized the applications and visited the nursing education institutions to check if they had met the minimum standards and criteria necessary to support and enhance the quality of teaching and learning. The SANC had also interviewed prospective students to check if they were actually the students registered to learn in the institution.

Lemaitre (2002) however, states that the SANC would not visit nursing education institutions without informing them in advance in writing. This was confirmed by the participants, who said that they had been informed of visits in advance, in writing, by the SANC and had accepted the accreditation visit date and time in writing.

According to Anderson (2006) there is SANC professional advisor to provide support and guidance to the institutions on how to prepare for accreditation of the institutions

and the learning programs offered. Knight (2002) states that the SANC should use a checklist to establish whether nursing education institutions have satisfied the requirements for accreditation status. Koch (2003) is of the same view that there should be a yardstick against which standards are measured to come to a positive or negative outcome regarding the institutional accreditation status. It surfaced from findings in this current study that nursing education institutions received a check list long before the date of the SANC site validation. It became evident from findings in this current study that the nursing education institutions used standards as yardsticks to measure the quality of teaching and learning in nursing education institutions

Uys and Gwele (2005) state that stakeholders should be involved as early as possible when developing the CBE curriculum and that this would involve a community needs assessment or community needs analysis. Mtshali (2010) is of the same view that situational analysis includes a community needs assessment, collecting information about gross national products, health expenditure per capita of the area, including health indices of mortality and morbidity. This study found that the process of accreditation included the conducting of a community profile, which entailed gathering information on the demographic characteristics, socioeconomic background, norms, culture, habits, traditional health beliefs and practices of the surrounding community. This study also found that national human resources projections for the present and future was also included in the situational analysis (Uys and Gwele,2005) In support of this notion,Winberg (2006) states that nursing education institutions and the quality of their education in relation to the needs of the community must be included in the situational analysis. This study found that environmental characteristics and factors that might affect the health of individuals, families and the community were included in the situational analysis of the nursing education institutions in the eThekweni district as a process of accreditation (Uys and Gwele, 2005).

### **5.3.2.1 Program design**

It is noted in the Education White Paper on the Program for Higher Education Transformation and the CHE (2001) that after the nursing education institution has done a thorough situational analysis, the curriculum committee has to proceed with program design (Council on Higher Education, 2001). The CHE (2001) founding statement also states that the learning program should be designed as an integral part of the institution's mission and planning so that it meets the needs of students and other stakeholders and that it should be intellectually credible. Findings in this study revealed that the process of accreditation resulted in learning programs that were designed coherently to articulate well with other learning programs. The findings revealed that learning programs designed by nursing education institutions were developed in a way that student nurses studying to become nursing assistants can exit with credits and a qualification certificate after obtaining 120 credits.

The WHO Regional Office for Africa (2007) states that transfer of educational credits should be facilitated through active program co-ordination between nursing education institutions to enable students to move up to higher NQF levels and upskill with educational credits. It emerged from findings in this study that the SANC awards credits against the outcomes of the qualification, which ensures transferability of students' educational credits.

With respect to the recognition of prior learning, the SAQA Criteria and Guidelines stipulate that flexibility of exit will depend on whether the learning program for a qualification has been structured in levels with the formal credits awarded, where the certificate obtained at the exit point enables the student to continue studying a later stage for a diploma, also representing an exit point. It emerged from the findings in this study that one of the provisions of accreditation is that the programs are structured in such a way so that students can exit with 120 educational credits and carry these credits as they move from one educational institution to another to further their studies (South African Qualifications Authority, 1998).

This current study found that the learning programs in the private nursing education institutions researched were designed to offer career pathways to students with opportunities for access and articulation with other learning programs within and across institutions. Furthermore, the learning programs were found to balance theory, practical and applied knowledge, as stated HEQC (2002). It was further revealed that work based learning formed an integral part of the curriculum, and placement in a work based environment was found to be an essential component of the learning programs.

In alignment with the ICN recommendations, the Health for All Initiative encouraged nursing education institutions to move into community based practice. Supporting this move, Koch (2003) states that an experiential learning cycle offers opportunities for the students to voluntarily enter an experience for the purpose of understanding something about the context and the content the student is engaged with. It was revealed from the findings in this current study that community health nurses are the front line workers who live in the local community, know the people and the families, and visit them to observe and experience the lives of individuals and groups in the communities (Koch, 2003).

This study also found that, as a process of accreditation, learning programs were coordinated by a program team in order to ensure that the purpose and outcomes of the learning programs were met. It was also revealed that opportunities existed for students' input and participation in some of the activities of the learning program (HEQC, 2002).

Mtshali (2010) asserts that professional learning programs are more structured with the overall coherence and the systematic development of professional competence central to its development. This was confirmed by Uys and Gwele (2005) who pointed out that there are critical elements in understanding competency. The findings of this current study revealed that the focus in competency was on what a student knows and what the student can do. Burke (2003) is of the same opinion that performance and competence are holistic concepts, which include knowledge, understanding, skills and attitudes.

It also became evident from findings in this study that the accreditation process ensured that the learning programs were appropriately designed to equip students all the skills,

knowledge, understanding and attitudes they need to be competent when performing their role as nurses. Kinstan (2001) asserts that skills without knowledge, understanding and the foundation of the appropriate attitude, is not competent practice. Lim (2001) confirmed this notion by pointing out that competence makes provision for change, so that the student is not only equipped to function efficiently, but is able to learn and adapt to changes in the future. In line with these findings, Uys and Gwele (2005), assert that assessment of competence is dependent on more than one reliable and valid measure. It was evident from this current study that competences were focused on output, not input. It was also found that competence was something that was inferred from performance and not directly observed and that the integrated approach to assessing competence focused on holistic assessments in a real situation, as stipulated by the accreditation process.

It became evident in this study that assessments of students formed an integral part of the teaching and learning process and were recognized and used to monitor learning, inform teaching practice and improve the curriculum. In line with these findings, DeWeert (2000) points out that student learning achievements should be internally assessed by the academic staff responsible for teaching a course in terms of a system that includes internal moderation.

The results of this study revealed that learning program output was carefully monitored with regards to the efficiency of the learning program in student retention. Throughput rates were also observed as an important aspect with regards to race and gender in conformity with national goals as this phenomenon needs to be included in the learning program design as part of the process of accreditation.

This study revealed that students learning achievements on the exit level of a qualification were externally examined by appropriately qualified people who were appointed in terms of clear criteria and procedures and they conducted their responsibilities in terms of clear guidelines. Furthermore, it became evident from the findings that assessment systems were rigorous and secure, and work based learning was efficiently coordinated and contributed to the purpose of the learning program

### **5.3.2.2 Program evaluation**

The accreditation process ensures that nursing education institutions comply with a continuous process of program evaluation. Uys and Gwele (2007) assert that principles such as fairness, objectivity, comprehensiveness, credibility, usefulness and effective communication are essential to ensure that learning program evaluation is given the consideration it deserves. This study found that collaboration in development of the standards and criteria ensured that contextual characteristics, such as culture were taken into consideration when learning programs were reviewed as part of the accreditation process. Supporting this notion, Parry (2002) states that collaboration fosters trust and respect and reduces the threat that often results from review and evaluation. It is further stated that this phenomenon further enhances the validity of data obtained through an evaluation.

Parry (2002) states that the major reason for learning program evaluation is to determine the level of quality, as the concept of quality and fitness for purpose is the key for learning program evaluation. Crotty (1993) asserts that the fundamental reason for evaluation of nursing learning programs as part of the accreditation process is to protect the public and provide the accountability to the stakeholders, especially the students, who are the products of the learning program.

Priest (2001) points out that another issue addressed by evaluation is improvement, as evaluation provides learning program leaders with evidence of strengths and weaknesses in a learning program. According to this author, using the strengths and weaknesses that have been identified will improve teaching and learning practices, and highlight the value of the experiences and professional competency (Priest, 2001).

As pointed out by Taylor (2001), standards for learning program evaluation are set by the Education and Training Quality Assurance body (ETQA) and these standards are reference points that can be used to determine the quality of a learning program. Sanders (2001) is of the view that evaluation should be planned and this includes determination of who shall take the lead in the evaluation process. It became evident in the current study that the leadership of the accreditation process guided the learning



program team in preparation for the review and further guided the evaluation team in conducting the evaluation. Furthermore, the findings revealed that elements of the curriculum were revised, modified, added and some deleted, as indicated in the guidelines for learning program accreditation. Participants highlighted the effectiveness of the evaluation in promoting improvements. This study found that evaluators were able to give feedback that was critical, constructive and provided program planners with information from which to develop and improve the learning programs further.

As noted in Mshali (2010), when the nursing education institution has met the criteria and requirements in terms of documents submitted and learning program evaluation, a recommendation for site evaluation is made. Participants said that this part of process was followed as the Education and Training Section at the SANC arranged a mutually convenient date and time for the evaluation visit and that the evaluation visits were conducted by the SANC appointed team, who utilized the evaluation tool as part of the accreditation process. It was at this point that an evaluation team was appointed, as well as Training Section staff and subject matter experts.

Vally (2001) explains that after site evaluation, the accreditation section manager of the nursing education institution prepares a full evaluation report and submits it to the internal quality committee for review. Findings in this current study revealed that the SANC Education Committee reviewed the evaluation report and that nursing education institutions were aware of the fact that it was at this point that the accreditation recommendation would be either approved or rejected. Wolf (2000) stresses that the outcome should be communicated to the applicant in writing to officially inform them of the accreditation decision, highlighting any conditions and the right to appeal if necessary.

In accordance with The Quality Assurance Council for Higher Education (2001), if the prospective nursing education institution has met all the requirements for accreditation, the SANC manager prepares a letter of accreditation, which is signed by the Registrar of the SANC. The data of the newly accredited institution is captured on the database and the accreditation certificate will be issued. Vally (2001) asserts that accreditation status is granted to the nursing education institution for a specified period of time. This

is supported by Teshome and Kobede (2009) who explain that the outcome of the accreditation process may include full accreditation, which means that the institution is granted approval to operate as a nursing education institution, indicating that the institution has complied with all the SANC prescribed accreditation requirements, criteria and standards for nursing education and training and may operate for a period not exceeding five years (Teshome and Kobede, 2009). According to Smith et al.(2008), there are cases in which institutions are granted conditional accreditation, which means that the institution is granted approval to operate as a nursing education institution under certain circumstances for a period not exceeding two years until all SANC prescribed accreditation requirements, criteria and standards for nursing education and training institutions are met. The findings of this study confirmed that the nursing education institutions that were studied in this research had satisfied all the SANC prescribed accreditation requirements and that they were given full accreditation status.

#### **5.3.2.3 Program review**

The Quality Assurance Agency for Higher Education (2001) asserts that an institution's internal review of learning programs is an important step in the quality assurance of learning programs. Van Damme (2002) is in agreement that learning program review and module review should ideally be conducted while the course is being taught so that problems or gaps identified can be addressed while learners still have the opportunity to derive the maximum benefits from the learning experiences being made available to them. It was evident from the findings in this current study that, in compliance with the accreditation process, comprehensive reviews of the learning programs were conducted in the nursing education institutions researched in order to identify the strengths and weaknesses there of. It also became evident such reviews were a key component of the institutional quality management system and that insight derived from internal reviews were acted upon and plans for improvements were implemented. Furthermore, findings in this study indicated that when students and other stakeholders provided feedback on the learning program, those responsible for offering the learning program were given access to the data and were provided with the opportunity to respond to it.

In a study conducted by Safriet (2002), findings revealed that monitoring and evaluation assisted the nursing education institution to ensure that students were attaining the intended exit-level learning outcomes, critical outcomes, general cognitive skills and graduate attributes specified by the provider in the design of the learning program. Sheets (2002) argued that nursing education learning programs that were properly aligned and regularly updated ensured the professional body's satisfaction with the relevance and quality of learning achieved by students on the particular learning program.

This notion was supported by Smith et al. (2008) who stated that there is a need for external and internal stakeholders' feedback about the learning program. It was revealed from the findings in this current study that feedback and results of the learning program review and evaluation were used by the nursing education institutions to effect improvements in program design and delivery, and further to develop the educational expertise of staff.

### **5.3.3 A process of self-reflection**

Findings in this study revealed that the accreditation process instigated self-reflection as the process began internal assessments within the institutions. According to Bell and Young (2010) the accreditation process begins with internal accountability structures being put in place as part of the institutional self-study to frame the creation of clear standards and measures.

Supporting this notion, Mtshali (2010) asserts that prospective nursing education institutions should complete a self-assessment tool to determine whether the institution will be able to develop and deliver quality education and training. Lim (2001) states that nursing education institutions should submit the completed self-assessment tool and institutional portfolio to the SANC within three months of submitting the application. This current study found that participants perceived that self-reflection was a part of the accreditation process as nursing education institutions had to reflect back to themselves to in order to identify strengths and weaknesses while completing the self-assessment tool. It also became evident that the institutions continued to maintain high standards of

self-study after accreditation. The findings also revealed that participants felt that the judgment and outcome of the process is unforeseen and unpredictable.

#### **5.3.4 Benefits of accreditation**

Findings from this study revealed that, on the whole, participants perceived accreditation as beneficial as they were of the opinion that the SANC provided nursing education institutions with tools to gauge current performance levels and to facilitate continuous improvement. This is supported by findings of a study conducted by Spector (2004) which revealed that technical assistance in designing and implementing effective strategies for monitoring quality and correcting systemic deficiencies were made available to nursing education institutions. Kozier et al., (2004) concur, stating that accreditation prescribes criteria, teaching and learning standards, and the use of these standards as basis for evaluation and improvement of teaching and learning. Eaton (2012) states that accreditation fosters excellence through the development of criteria and guidelines.

It is further noted from the findings in this study that accreditation assured the community and general public that the institutions have clearly defined, appropriate objectives and appear to be accomplishing them. According to Primiano et al. (2004) accreditation encourages accountability. Participants revealed that accreditation stimulated a review of all functioning parts of the system and further created a positive image of an institution and the programs that are offered. They also noted that accreditation promoted an internal quality culture and increased the institutional autonomy. Participants perceived accreditation as a benefit to nursing education institutions because they believe that accredited institutions are looked up to as examples of best practice and networking opportunities.

##### **5.3.4.1 Student benefits**

Spector (2004) states that accreditation is a tool that is used for progression and up skilling to higher NQF levels as credits can be transferred to other learning programs. This benefit was highlighted by participants who explained that students from accredited institutions can transfer to other programs along with their credits. This study also

revealed that graduates from an accredited institution are regarded as quality graduates and are highly regarded by the community.

#### **5.3.4.2 Nurse educator benefits**

Participants in this study revealed that accreditation assists nurse educators to define educational guidelines and standard operating procedures to assess students' performance compared with selected performance standards. Furthermore, according to Chang Sea Law (2010), accreditation encourages improvement through continuous self-study, upwards mobility and flexible career pathways for professionals.

#### **5.3.4.3 Nursing education benefits**

Richardson (2002) states that accreditation assists nursing education institutions to become a single coherent system that can compete equally in the global higher education market. Participants were of the opinion that accreditation helps to standardize and improve the quality of nursing education institutions and puts them on the same level as all other nursing institutions, worldwide. This is supported by Hardy (1988), who states that accreditation helps to preserve nursing education's intrinsic diversity and further enforces uniformity across the nursing education sector.

#### **5.3.5 Challenges of the accreditation process**

In spite of all the positive aspects, findings of this study revealed that the accreditation process is not perfect as participants felt that the process can be demanding and inconsistent. They also reported that the process was costly and that valuable teaching time was wasted preparing for the accreditation visit. Some of these aspects have been confirmed by other studies, such as Bell and Young (2010), who raised problems with reliability of the evaluation tool, and Cedefop (2009), who reported that time and effort in preparation for accreditation drew attention away from teaching and learning.

In another study by Nayereh and Shayesten (2007), the authors cautioned that no evaluations have progressed to looking at improved patient care as the ultimate outcome of excellent nursing care rendered by nurses from accredited nursing institutions. Participants in the current study felt that quality patient care outcome

measures must be included in the accreditation process if the public are to be honestly assured that all accredited nursing education programs guarantee quality of learning.

Thrush, Hicks and Tariq (2007) also raised questions regarding the implied relationship between the accrediting body, criteria and institutional quality that have not been answered. These authors alluded to the peer review system, questioning whether it caused a possible conflict of interest in accreditation. Mirza (2001) found that the general public and students are not involved in the accreditation process. The findings of the current study revealed similar challenges in that the peer review system created conflicts amongst the teaching staff and that the public, students and parents are not involved in the process of accreditation.

Mirza (2001) also highlighted that checking the curriculum is no more reliable than checking the students' competencies and felt that this aspect should be included in the process. Participants in this study reported that more focus was placed on checking the curricula and the institutional resources than checking the students' competences..

The findings of this current study revealed that the accreditation process is costly in terms of finances, time and human resources. In support of these findings Mirza (2001) also documented that accreditation outcomes are rarely measured in relation to costs. Lastly, the participants reported that human bias was detrimental to the process.

The current study findings, therefore, revealed that although the heads of the nursing education institutions who participated in the study generally perceived the accreditation process in a positive light, they did highlight various challenges that are associated with it.

#### **5.4 LIMITATIONS OF THE STUDY**

Limitations of any study refer to the restrictions that might decrease the generalizability of the study findings (Burns & Grove, 1995). These restrictions may be either theoretical or methodological. In this report, limitation is categorized into limitations with regards to (a) methodology and (b) data collection.

#### **5.4.1 Limitations with regard to the methodology**

There are a limited number of accredited private nursing education institutions in the eThekweni district. Inclusion criteria were that participants had to be heads of private nursing education institutions that have experienced the process of accreditation of the private nursing education institution. Some of the heads were employed after the institutions received accreditation, which contributed to the limited of the number of participants.

#### **5.4.2 Limitations with regard to data collection**

Data collection through interviews was not very easy since the nature of work schedules of the heads of private nursing education institutions is always busy. For this reason, the researcher could not stick to the planned interview schedule, but had to visit the participants at other times that were more convenient for them. Some participants managed to accommodate the researcher when they had time, but were sometimes interrupted during interviews to sign documents to be sent urgently to SANC for students writing the final SANC examinations. In such instances, the researcher had to reschedule the appointments.

One of the heads refused to be interviewed because of the pressure of the SANC deadlines for registrations of their first cohort of bridging course students. The researcher, therefore, had to minus that participant from the total number of participants that were interviewed.

### **5.5 OVERALL CONCLUSIONS**

This study successfully met its aims to explore the perceptions of heads of private nursing education institutions in the eThekweni District on the accreditation process by the Nursing Education and Training Quality Assurance body (ETQA). A qualitative approach using content analysis allowed the researcher to freely explore the heads' perceptions of the accreditation process. It was discovered from findings in this study that accreditation and quality assurance are two different concepts. It became evident

from the results that the accreditation process ensures that quality is maintained in every step of the way in the institution.

However, this study also revealed that institutional performance and accreditation status of nursing education institutions are not always transparent to the communities and prospective student nurses and that they are sometimes unaware of the significance of accreditation. This has a detrimental effect as students end up paying money to enroll in fly-by-night nursing education institutions which claim to be offering programs leading to registration as a nurse. As these programs are not approved by the relevant ETQA, the certificate they receive on exit will not be formally recognized.

This study supports the discourse of quality as transformation, which is an important underpinning of the centrality of students' experience and an important underlying principle of quality, especially the need to focus on students' learning which is the heart of quality in nursing education and training.

## **5.6 RECOMMENDATIONS**

### **5.6.1 Practice**

The results of this study revealed that nursing education institutions lack their own internal quality assessment processes as quality of teaching and learning depends on the interaction between the teacher and the students, the collective integrity, as well as the professionals in the nursing education institution. Periodic internal self-assessment will promote the culture of institutional internal self-assessment practices, as quality is seen as a logical approach for conveying the importance of excellence to individuals who are nursing care recipients.

Reports from the internal review should be provided by the institution to the external evaluation team prior to the external evaluator's visit. The major purpose of the internal quality review is to assess the extent to which goals are met with the set criteria and guidelines (Harvey, 2004).



### **5.6.2 Education**

From these study findings it became evident that the culture of quality within the nursing education institutions is driven by demands to satisfy external evaluators in terms of compliance instead of academic considerations, which are students' learning and students' competencies. Furthermore, the results of this study revealed that the culture of quality within education systems tends to focus on institutional aspects rather than on the students. Students' evaluation feedback reports need to be taken seriously by nursing education institutions and these should be used in conjunction with feedback from external evaluators to promote and enhance quality of nursing education.

Students' assessments and competencies, both in theory and practice, should act as leverage for quality assurance in teaching and learning.

### **5.6.3 Management**

Continuous evaluation of clinical practice and support to students in the clinical learning facilities need to be maximized for optimal outcomes in correlating theory into practice. Nursing education managers need to be innovative and support recent ideas that quality is regarded as transformation and a mechanism of trust between teaching staff and managers should be developed, in this reform to promote and enhance quality in teaching and learning.

### **5.6.4 Future Research**

Some important issues regarding transformation, a central element of quality, were not addressed by this study. Harvey (2002) indicates that fitness for purpose, which judges the quality of students' learning and quality of the assembly line in terms of the successes met are considered as appropriate definitions of quality. It is also noted that quality as transformation is seen as the process of change with emphases in adding value to students' teaching and learning experiences.

Important issues regarding recognition of prior learning (RPL) as a principle underpinning the National Qualifications Framework (NQF) was not addressed. It is still

obvious that RPL appears to be the most challenging task facing nursing education in its reform.

It is noted from the study findings of Blackmore (2002) that tertiary education in many countries is undergoing fundamental reforms, especially to respond to the trend of globalization and to meet the ever-changing expectations of the respective communities in developing into knowledge-based societies.

Furthermore, it is noted that globalization has provided a rationale for restructuring the tertiary education systems worldwide, mainly to meet the needs of a workforce that is equipped with not only the traditional discipline and skills, but also a broad range of generic capabilities. However, in many parts of the world, the restructuring has, in fact, had shift that emphasizes the vocational relevance of education and the students “operational competence” for the world trend that favors the discourses about privatization, managerialism and prerogative excellence (Blackmore, 2002).

To many practitioners the recent industrialization of language for education, where students become “customers or consumers”, the curricula are not taught, but “delivered”, “aims and objectives of content “are changed to “learning outcomes”, “understanding and knowledge” are replaced by “competence” and information has also risked the downgrading of certain key values in nursing education. Doherty (2008) questions whether the rapid expansion of academic provisions resulting from reforms has made it necessary to address the quality of the provisions concerned or whether quality has been sacrificed for quantity.

The following key elements of the education reforms identified in Tam’s (2001) study were not addressed in this study: (a) goal and specification model (b) satisfaction model; (c) legitimacy model; (d) absence of problem model; and (e) organizational learning model.

Lastly, arguments still exist that prescribing hours for clinical practice does not guarantee competencies. It is for this reason that proposals have been made suggesting that competence /outcomes and measures to control the attainment should be specified rather than hours attached to each qualification.

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## **APPENDICES**

### **Appendix 1: Interview questions**

**EXPLORING THE PERCEPTIONS OF THE HEADS OF PRIVATENURSING EDUCATION INSTITUTIONS ON ACCREDITATION PROCESS BY NURSING EDUCATION AND TRAINING QUALITY ASSURANCE BODY (ETQA) AT ETHEKWINI DISTRICT.**

### **INTERVIEW QUESTIONS**

1. What do you understand of the term accreditation?
2. What are your perceptions of accreditation as influencing the quality of education provision?
3. What systems are available in your institution to ensure quality nursing education provision?
4. What do you perceive as benefits of accreditation?
5. What are the challenges experienced by your PNEI during the accreditation process?

## **Appendix 2: Probing Questions**

**Date of Interview:** 14 June 2012

**Time:** 14H15

**Venue:** Principals office in Private Nursing Education Institution V

**Present in the interview:** Researcher, Participant and Scriber

**Duration of interview:** 45 minutes

**Researcher:** knock! Knock

**Participant:** come in and have a seat, I m sorry for keeping you waiting, we had such a busy day today.

**Researcher:** No, its fine we were 10 minutes early

**Participant:** Can I offer you something to drink, we have tea and coffee?

**Researcher:** Thanks I will have a glass of water.

**Scriber:** Thank you may I have coffee with milk and 2 sugars.

**Participant:** Bongi, can you organize a glass of water and coffee with milk and 2 sugars,

hot or cold water?

**Researcher:** May I have hot water, it's been very cold in these past two days

**Participant:** Lucky I have a heater in this office otherwise I will be freezing.

**Researcher:** Thank you once more for participating in this research study to fulfill a Masters Degree requirement at UKZN. The research study will explore the perceptions of the head of private nursing education institutions at EThekweni District on the accreditation process by Nursing Education Training Quality Assurance Body (ETQA). The interview will be tape –recorded. No identifying information will be included when the interview is transcribed, there are no known risks associated with this study.

The knowledge gained from this study may help the institution or the nursing ETQA. Participation in this study is entirely voluntary, and one can withdraw from the study. All study data will be kept confidential however; this information may be used in nursing publications or presentations in colloquiums. If need be, my supervisor Dr. Joanne Naidoo, can be contacted any time at this number 031-2602213.

**Participant:** Ok can I sign the consent; I will request one of my colleagues to sign as a witness.

**Researcher:** I want to start off by asking a few questions, but feel free to express your responses and freely ask questions. I hope you will not mind if I repeat what you have said and request a further explanation, what do you understand of the term accreditation?

**Participant:** It is the formal **Researcher:** I heard you saying that the process review and control quality of education and training, can you please tell me how this is done?

**Participant:** The quality assuring body lay down standards or criteria that guides or direct the institution on how to first of all develop the curriculum to be offered, that is one of control measures, this is evaluated and approved by their panel and they specify and list down what they want you to do and what they want to find when they come to evaluate the institution. If the institution do what they want and meets their standards they award accreditation, and they will after sometime visit the institution to check if the prescribed standards and criteria's are still maintained.

**Researcher:** Again mam can you tell me more about enhancing of quality?

**Participant:** To enhance quality is to make sure that our teaching and learning has more value to students, community and patients or to make our institution and our programs attractive to learners.

**Researcher:** Can you explain in simple words the meaning of ETQA?

**Participant:** ETQA is a body or institution that is officially given power or authority by government to give license or permission to those education institutions wanting to provide training. They also continuously monitor these institutions to check if they continue to maintain quality. ETQAs is not only for health they are different there is ETQA for education, Lawyers, agriculture and for engineering, but they are all under one umbrella which is SAQA South African Qualifications Authority. ETQAs are also reporting to SAQA and SAQA reports to Government.

**Researcher:** Now I understand that every institution is accountable to somebody somewhere. Now let us move on to the next question

What are your perceptions of accreditation as influencing the quality of education provision?

**Participant:** The influence of accreditation on the quality of education provision? Oh..... Accreditation enforces control and leads to continuous improvement of educational standards that leads to improvement of teaching and learning in the institution.

**Researcher:** How does the institution improve the quality?

**Participant:** The institution improves quality by making sure that the policies and procedures, guidelines and standards are in place and everything is done according to them. Policies guide the implementation of education and training being delivered. The institution time and again conducts research to keep up with new developments and to identify gaps and things that need to be done properly and things that need to be upgraded. Also recruiting facilitators that have knowledge and experience, this means we cannot employ a nurse fresh from college to come and facilitate, a nurse must have at least 5 years of clinical experience and she should have a nursing education qualification. We conduct interviews to check if she does match with the institutions standards. We also do proper selection of learners, they write an interview those who fail the interview are given a second chance to write the interview.

**Researcher:** Let us move on to the next question .What systems are available in your institution to ensure quality nursing education provision?

**Participant:** Our systems are contained in our Quality management Policy manual which describe our nursing schools quality management system and therefore defines requirements, assigns responsibilities and provide guidance for its implementation. The foundation of our company's vision, mission statement, values and quality policy.

Our quality management systems establishes procedures, policies processes, activities and check lists by which we meet or exceed the expectations of our internal and external customers and other stakeholders and also satisfy the requirements for accreditation .The nursing school is in the process of implementation of the quality system s which is being gradually accomplished .

**Researcher:** Can you briefly explain what is it that is in the institutions policy manual?

**Participant:** There is the vision, which means where we see the institution in future and we work hard to see the institution growing and our mission is to produce good and competent nurses, we need to commit ourselves to fulfill the purpose of the institution.

**Researcher:** Here I am again mam I am thinking allowed ,while you are talking what do you mean by working hard and committing yourselves as teachers or facilitators in this institution?

**Participant:** In this Institution we have innovative ways of teaching, learners who are struggling are given remedial lessons .Wednesday afternoon and Fridays the whole day we have remedial periods. There are continuous assessments and afternoon lessons. We have internal peer review where facilitators constructively evaluate each other. Every year our learning material is upgraded .We have an internal material developer, a person who has specialized in developing the learning material and the facilitator's guides.

**Researcher:** Thank you mam for that good explanation I am also learning a lot. Do you perhaps have something more to add before we move on to the next question?

**Participant:** No mam we can carry on.

**Researcher:** What do you perceive as benefits of accreditation?

**Participant:** The institution gets trusted by its customers and other stakeholders as it will be practicing legally. The qualifications offered by the institution are fully recognized by the appropriate state educational Authorities and globally. The accredited institution will have sufficient professional staff, correct basic equipment to support the qualifications and programmes being offered, policies procedures and programmes being offered, policies, procedures and processes that will guide the implementation of the education and training activities benefits to learner nurses.

Learner nurses will be protected from exploitation by illegally practicing institutions. There are secured by the law that requires the accredited educational institutions to ensure the individual learners school fees for any learner who has complied .an enrollment agreement and has paid in full for services to be rendered. Learning takes place in premises that are suitable for the purpose and that comply with the health and safety requirements and regulations.

**Researcher:** I hear you saying the institution get trusted by customers and stakeholders, who are your

Customers and stakeholders?

**Participant:** Our customers are our learners, parents who are paying the fees community and patients, our stakeholders are people involved or have interest in our school like for example the Department of Education, the community where we get our learners from and the hospitals where we send our learners to do their practical experience this is sometimes called the workplace.

**Researcher:** Thank you once more for that clarification .We are now approaching the end of our interview, the last question now. What are the challenges experienced by your PNEI during the accreditation process?

**Participant:** Mhmmmm.....Challenges experienced during the accreditation process are very ....very complicated, accreditation is a verrrrry ... lengthy process and it's a costly procedure because of the following reasons:

Complicated, we have to apply to be registered as a company in terms of the companies Act of 1973.

If you are providing nursing qualifications, the institution has to apply for accreditation to the South African Nursing Council, as the education and training quality assurance body for nursing qualifications, apply to the department of higher education and training the institution has to comply with the requirements of the South African Qualifications Authority (SAQA) the body that governs all qualifications in South Africa.

Register with UMALUSI as an ETQA for any institution that offers a qualification that falls within the FET band FET band means those institution offering NQF level 3 and 4 qualifications. Each and every Department has its own requirements that the nursing

institution has to comply with the institution has to develop a curriculum for each nursing qualification. And these must be sent to the South African Nursing Council for approval and also be registered with the South African Qualifications Authority Act (SAQA). Lengthy, the application for accreditation can take years because one has to give an allowance of plus -6 months for each correspondence to be attended to or if you do not make a follow up you may never get a response or any acknowledgement of your correspondence.

The nursing Council will attend to your application after the institution has complied with the requirement for registration with the Department of Education and UMALUSI.

The nursing institution has to negotiate with the health institutions for clinical placement of learner nurses. The nursing Council will have to do the site inspection of the premises to be used and situational analysis of the clinical institution that the nursing institution has an agreement with, the situational analysis is when the institution request the clinical institution to give some information like how many beds does the hospital have what diseases are treated by that particular hospital. This information help the nursing institution to see if the students will be able to receive enough experience if they are sent there

Costly, the educators and those that are conducting clinical teaching and assessments of learners have to be trained as assessors and moderators which in most cases becomes the duty of the nursing institution as our previous nursing education never provided us with these skills. The institution has to pay for accreditation for SANC, DOE and Umalusi. Pay for insurance for the individual learners as explained under benefits for learners.

**Researcher:** If I may ask, how do you normally deal with these challenges and how are they affecting the whole process of accreditation?

**Participant:** The whole process is being delayed sometimes you lose money because the institution can never offer a program that is not approved. One has to keep on phoning to check the progress or even go there personally.

**Researcher:** Again let me thank for this wonderful opportunity, and thank you for your participation in this study.

**Participant:** Your are most welcome mam anytime, if you need more information feel free to come. I am also going to enroll for my Masters Degree next year.

**Researcher:** That will be very nice I'm encouraging you to do so. Standing up and walking towards the door with the participant and the scribe.

**Researcher:** Goodbye!

**Participant:** Goodbye, drive safely

**Researcher:** Thank you mam, walking down the steps going to the car and drove away.

#### **Appendix 4: Informed consent form**

I understand that I am being asked to participate in a research study to fulfill a Masters Degree requirement for Thobile Shelembe at UKZN. The research study

will explore the perceptions of the head of private nursing education institutions at EThekweni District on the accreditation process by Nursing Education Training Quality Assurance Body (ETQA). If I

agree to participate in the study I will be interviewed for approximately 45 minutes about my perceptions as head of the institution. The interview will be tape –recorded and take place in a quiet place. No identifying information will be included when the interview is transcribed. I understand that there are no known risks associated with this study.

I realize that the knowledge gained from this study may help the institution or the nursing

ETQA.

I realize that my participation in this study is entirely voluntary, and I may withdraw from the study.

I understand that all study data will be kept confidential, however, this information may be used

In nursing publications or presentations. If I need to, I can contact Ms. Joanne Naidoo, UKZN any time.

**The study has been explained to me. I have read and understand this consent form, all of my**

**questions have been answered, and I agree to participate. I understand that I will be given a**

**copy of this signed consent form.**

Participant signature -----

Date -----

Witness signature -----

Date -----

Researcher's signature -----

Date -----



## Appendix 5: Ethical clearance



Research Office (Govan Mbeki Centre)  
Private Bag x54001  
DURBAN, 4000  
Tel No: +27 31 260 3587  
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Ximbap@ukzn.ac.za

23 May 2012

Mrs Thobile Namsile Vina Shelembe 921366422  
School of Nursing

Dear Mrs Shelembe

Protocol reference number: HSS/0182/012M  
Project title: Exploring the Perceptions of Private Nursing Education Institutions on Accreditation Process by Nursing Education and Training Quality Assurance Body (ETQA) At EThekweni District

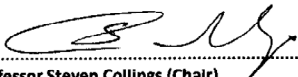
### EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process:

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

  
.....  
Professor Steven Collings (Chair)  
Humanities & Social Sciences Research Ethics Committee

cc Supervisor Dr Joanne R Naidoo  
cc Ms Caroline Dhanraj

**Participant:** Its fine let me sign the concern, I will ask my colleague to come and sign as a witness.

**Researcher:** Now we are starting the interview .Question 1, what do you understand of the term accreditation?

**Participant:** It is a legal status awarded in terms of section 42 of the nursing Act to a nursing education institution that has complied with the prescribed criteria for nursing education institutions, their programs and the related clinical facilities.

The primary purpose of accreditation to ensure that education standards and the quality of education are maintained. When an education institution is accredited a certificate is issued to the institution for every program offered. The accredited institution is require to comply with all the applicable legislation and ensure that it adheres to the accreditation criteria and all conditions of the accreditation. Nursing education institution may be de accredited if it fails to adhere to the accreditation criteria and conditions of the accreditation. Accreditation can be awarded for up to five years after which the institution will be re evaluated against prescribed criteria during this time a programme of monitoring and improvement will take place the provider s will receive a monitoring visit during the first year after accreditation and audited at least once during the accreditation period.

**Researcher:** What are your perceptions of accreditation as influencing the quality of education provision?

**Participant:** Feedback by the external person will bring positive change. Performance standards will improve. Quality is ensured at each stage of teaching. There will be improvement, transformation and growth. The exam result will be excellent.

Quality assurance.  
Quality improvement.

1) Conceptualization of concepts

- Satisfaction
- Accountability / control
- Responsibility
- Quality Assurance
- Licence

## Appendix 7: Letter from Editor

Editing Declaration

P O Box 531  
Hillcrest  
3650  
KwaZulu-Natal

2013-12-15

### TO WHOM IT MAY CONCERN

Thesis Title: Exploring the Perceptions of the Heads of Nursing Education Institutions on the Accreditation Process of the Nursing Education and Training Quality Assurance Body (ETQA) in the eThekweni District of KwaZulu-Natal

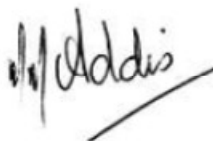
Author: Thobile Shelembe

This is to certify that I have edited the above thesis from an English language perspective and have made recommendations to the author regarding spelling, grammar, punctuation, structure and general presentation.

A marked-up version of the thesis has been sent to the author and is available as proof of editing.

I have had no input with regard to the technical content of the document and have no control over the final version of the thesis as it is the prerogative of the author to either accept or reject any recommendations I have made. I therefore accept no responsibility for the final assessment of the document.

Yours faithfully

A handwritten signature in black ink, appearing to read 'M. Addis', with a long horizontal stroke extending from the bottom right.

Margaret Addis